Request to Opt Out of Automatic Processing of Transfer Credit within the University of Maine System

I, _____, request that the Name (please print)

(institution where I am a matriculated student)

not process for transfer credit the course(s) I am taking at other

I'm aware that by signing this form I may be at risk of losing federal financial aid and/or Veterans Administration benefits, which require that all courses taken at any institution be considered in the evaluation of satisfactory academic progress.

Signature

Date

This form must be received before the last day of classes for the term indicated above in the Student Records/Registrar's Office of the campus where the student is matriculated.