

UME Master Gardener Program Transfer Form

Transfer Request Date

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Master Gardener Name

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Transfer Type

Basic Training Transfer

In-State Transfer

Out-of-State Transfer

Other Transfer Type

Program Name (Transfer From)

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Program Address

Program Leader Contact Information

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Program Name (Transfer To)

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Program Address

Program Leader Contact Information

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Transfer Notes

(To be completed by **Master Gardener Coordinators Only**. This section may include a basic training completion date, basic training final exam scores, the Master Gardener's status with the program, # of volunteer service hours completed/pending, and any other transfer related notes.)

Transfer Agreement

I, the transferring Master Gardener, have received consent regarding this transfer from the Master Gardener Coordinators associated with this transfer and have received their signatures on this form as an agreement to these conditions. I understand that I am responsible for completing all volunteer requirements for the program for which I am transferring and will comply with University of Maryland Extension Master Gardener Program Policies and Guidelines.

Master Gardener Signature	Date of Signature

Master Gardener Coordinator Signature (Transfer From)	Date of Signature

Master Gardener Coordinator Signature (Transfer To)	Date of Signature