School of Mathematical Sciences Pending Transfer Credit

Instructions

This form is to be used for students that do not meet a MATH or STAT course prerequisite because there is transfer credit that is not yet articulated. Students taking courses elsewhere over the summer should use this form to secure a seat in a fall semester course. The School of Mathematical Sciences will communicate with you when this form is processed. It is the student’s responsibility to self-enroll into the RIT course/s for the next academic term. Submit completed form to mathasst@rit.edu.

General Information

Please Type

University ID Number __________________________ Date __/__/____

Name

Last

First

Middle

Academic Major

Email

Transfer Course Information

For your request to be considered, the following information must be provided about the transfer college/course:

College

Location

Course No.

Course Title

Term Taken

Course Description URL

Other

Equivalent RIT Course

Continuing RIT students: attach proof of pending enrollment such as an unofficial transcript, registration form, or bill.

RIT Course Information

Please indicate the RIT course you are seeking permission to enroll in:

subject
catalog
course title

________________________

________________________

________________________

Conditional Enrollment Agreement

By submitting this form, you agree that enrollment achieved using this form is conditional and pending successful completion of the transfer course.

As soon as your grade is posted, it is the student’s responsibility to send an unofficial grade report to mathasst@rit.edu. You must also send an official transcript to the RIT Registrar’s Office (27 Lomb Memorial Drive, Rochester, NY 14623) so that the course can be articulated on your RIT transcript. Transfer credit is only accepted to RIT for a grade of C or better. Failure or delay in sending this grade report will result in the student being dropped from the requested RIT course.

Student Signature __________________________ Date __________________________

Your Academic Advisor __________________________ Advisor e-mail __________________________

School of Mathematical Sciences

REG - School of Mathematical Science

Date Received __________________________ Prereq Override Approved ❑ Yes ❑ No

Date Processed __________________________ Prereq Override Added to student record ❑ Yes ❑ No

Date Processed __________________________ Code Added __________________________