

Transfer Credit Pre-Approval

Software Engineering
GOL (70) Rm. 1690
585-475-5461

Rochester Institute of Technology

Golisano College of Computing and Information Sciences

Last Name:	First Name:	Student ID:
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College Name			
When will these courses be taken?		Circle one:	spring summer fall

Complete for each course:			Office use only:	
Course Number	Course Title	Credit Hours	Credit equiv.	Comments / Status

Briefly state the reasons why you believe this request should be approved. Also, list any special considerations relevant to your request. (For example, "I would like to take two of these three courses.")

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Academic Advisor Signature

Date