# R·I·T

ROCHESTER INSTITUTE OF TECHNOLOGY
## OFFICE OF THE REGISTRAR
EASTMAN HALL (EAS), ROOM 1202
PHONE 585/475-2821
FAX 585/475-7005

# 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 the upcoming 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.

Before submitting this form, please meet with your academic advisor. The advisor can determine if the course you wish to take has already been reviewed and has a transfer course articulation approved. If an articulation has not been previously approved, please complete the Current Student Transfer Credit Articulation Request form. Any transfer course must have a transfer credit articulation approved before submitting this form to the math department.

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## General Information

**Please Type**

**University ID Number** ___ ___ ___ ___ ___ ___ ___ ___ ___          **Date** _____

**Name** _____   _____   _____
       Last                                       First                                    Middle

**Academic Major** _____ **Email**_____

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## Transfer Course Information

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

**College**          _____

**Course No.**       _____

**Course Title**     _____

**Term Taken**       _____

**Approved RIT Course**        _____

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

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## RIT Course Information

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

**subject     catalog     course title**

_____   _____   _____

_____   _____   _____

_____   _____   _____

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## 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** _____

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## School of Mathematical Sciences

Date Received        _____        Prereq Override Approved              ❑ Yes      ❑ No

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

Date Processed       _____        Code Added  _____