TRANSFER CREDIT PRIOR APPROVAL FORM

Instructions:
This form is to be used by degree-seeking students at RIT with the desire to take required College of Science courses at another institution for the purpose of transfer credit to their RIT program.

1) Fill out the form in its entirety – **must attach (other) college course description(s)**, and obtain Department approval **required** signature.

2) Meet with your Academic Advisor in the College of Science to discuss your request. If you do not know your academic advisor’s name or his/her contact information you can find this information by accessing the SIS Infocenter and select **Student Info System**. Your primary academic advisor’s name appears on the right side of your student center landing page.

3) When you complete the course, have the **official** transcript mailed to the Office of the Registrar.

Please be advised of the following:
- Only credits from regionally accredited institutions are transferable.
- Credit hours for courses taken at another institution may transfer, but grade(s) will not appear on your RIT transcript.
- Grades earned must be a “C” or better.
- No more than 10 of the final 30 semester hours may be transferred from another institution.

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**Student Information:**

Name_____________________________________

University ID_______________________________

Major_____________________________________

Immersion_______________________________

Minor_____________________________________

Email_____________________________________

Phone #_________________________________

Received Previous Transfer Credit?

Yes_______ No_______

Transfer Credit Information **(attach course description)**:

Name of College/University___________________

When course(s) will be taken__________________

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<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours (Semester, Trimester, Quarter)</th>
<th>Course Fulfillment at RIT</th>
<th>Core/Minor/Immersion Course?</th>
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Reason for request (provide rationale for why you believe above course(s) should be approved). **Attach course description(s).**

___________________________________________________________________________________________

___________________________________________________________________________________________

Student Signature __________________________________________________________________________

Department Approval _________________________________________________________________________ Date _______

Advisor initials_________________________ Date _______

Note: This approval is based on information that you have provided to your advisor. Should this information prove to be incorrect, the College of Science may not be able to transfer this credit as stated in the agreement. Rev. 2017-2018