***TRANSFER CREDIT PRIOR APPROVAL FORM***

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

1) Fill out the form in its entirety - including required signatures.
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.
3) Submit completed form to the receptionist in the COS Dean’s office: Bldg. 8, office 1102.
4) When you complete the course at the other institution, 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. Refer to policies: [https://www.rit.edu/academicaffairs/registrar/transfer-credit](https://www.rit.edu/academicaffairs/registrar/transfer-credit) & [http://www.rit.edu/academicaffairs/policiesmanual/d050](http://www.rit.edu/academicaffairs/policiesmanual/d050)
- No more than 10 of the final 30 semester hours may be transferred from another institution.

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**Completed By Student**

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<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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**Completed By COS Representative/Advisor**

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<th>Course Title</th>
<th>Credit Hours (Semester, Trimester, Quarter)</th>
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Reason for request (provide rationale for why you believe above course(s) should be approved). Attach course description(s).

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Advisor initials_____________          Date _________

Student Signature____________________________________  _________

School Head/Assoc. Head/ Designee Approval_________________________          Date _________

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