RHODE ISLAND COLLEGE

A-16

**AUTHORIZATION OF GRADUATE TRANSFER CREDIT**

NAME ID# DATE

TELEPHONE ( ) E-MAIL

Area Code

DEPARTMENT PROGRAM

Present the completed form to adviser for approval and signature. Authorization for graduate transfer credit must be approved by all the signatories below and in this order.

The above named student as requested the acceptance of the following courses for transfer credit in the Plan of Study.

**1.** Course taken at (Institution Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course (Department name, number and complete title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester / year in which taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit hours approved\_\_\_\_\_\_\_\_\_\_\_

Will replace Rhode Island College course requirement (if appropriate)

(Department name, number and complete title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Course taken at (Institution Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course (Department name, number and complete title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester / year in which taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit hours approved\_\_\_\_\_\_\_\_\_\_\_

Will replace Rhode Island College course requirement (if appropriate)

(Department name, number and complete title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Signature Date

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Adviser Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of School (For FSEHD, Graduate Director) Date