



**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 has 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) \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of School (For FSEHD, Graduate Director)

\_\_\_\_\_  
Date