AUTHORIZATION OF GRADUATE TRANSFER CREDIT

NAME ____________________________ ID # _______________ DATE __________

TELEPHONE ( )______________________ E-MAIL ____________________________

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) _________________________________

__________________________________________ Date
Student Signature ____________________________

__________________________________________ Date
Advisor ____________________________

__________________________________________ Date
Program Director ____________________________

__________________________________________ Date
Department Chair ____________________________

__________________________________________ Date
Dean of School (For FSEHD, Graduate Director) ____________________________