

*This form is used to request study at another institution and record those courses, and to request the transfer of credits taken at another institution. Fill and print before submitting to the appropriate academic unit head for signature. The student must arrange for an official transcript to be sent by the other institution directly to the Florida Tech Office of the Registrar.*

STUDENT ID NO. \_\_\_\_\_ MAJOR CODE \_\_\_\_\_ CAMPUS \_\_\_\_\_  
Use student number assigned by Florida Tech, not Social Security number

NAME \_\_\_\_\_ LOCAL PHONE NUMBER \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street/Apt No.

\_\_\_\_\_ City State ZIP

ESTIMATED GRADUATION SEMESTER \_\_\_\_\_ Include only courses less than seven years old at time of graduation

CREDIT IS REQUESTED FOR THE FOLLOWING GRADUATE COURSES  Taken  To be taken During \_\_\_\_\_ Term(s)

COURSE NUMBER	CREDITS	QUARTER/ SEMESTER	GRADE	TITLE/DESCRIPTION	INSTITUTION WHERE TAKEN	APPROVED YES / NO

I understand that I must earn / have earned a grade of B or better in each course for which I am requesting transfer credit and that I must have OFFICIAL transcripts covering the requested courses on file with the Florida Tech Office of the Registrar.

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

COURSE NUMBER (From above)	FLORIDA INSTITUTE OF TECHNOLOGY EQUIVALENT		TRANSFER CREDIT GRANTED
	COURSE NUMBER	TITLE	
TOTAL TRANSFER CREDIT GRANTED			

APPROVED: \_\_\_\_\_  
Academic Unit Head Date

\_\_\_\_\_ Director, Graduate Programs Date

\_\_\_\_\_ TCE Office Process Date

Florida Institute of Technology ■ Office of the Registrar