



GRADUATE REQUEST TO STUDY AT ANOTHER INSTITUTION AND TRANSFER CREDITS

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.

ESTIMATED GRADUATION SEMESTER _____ City State ZIP
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