

275 Windsor Street, Hartford, CT 06120
Office of the Registrar Fax: (860) 548-7823

PLEASE PRINT:

Name _____

Date ____/____/____

Address _____
Street

I.D. No. ____/____/____

City State Zip Code

Home Phone (____) _____

Advisor _____

Work Phone (____) _____

Curriculum _____

Current Term _____

STUDENT

PLEASE NOTE: An official transcript must be submitted with your transfer request, unless one is already on file. Please note that a maximum of 6 credit hours, with the grade earned of "B" or better, may be transferred with department approval. Please consult the current Rensselaer at Hartford catalog for information regarding this procedure.

DEPARTMENT

PLEASE NOTE: A Rensselaer at Hartford catalog equivalent number must be provided for each transfer course accompanied by your signature.

I request transfer of credit for the following GRADUATE LEVEL course(s):

INSTITUTION: _____

LOCATION: _____

IN MY ATTENDANCE FROM: ____/____/____ TO ____/____/____

Transfer Course Number	Title	Credit Hours
RAH Catalog Equivalent Number	Title	Credit Hours
Transfer Course Number	Title	Credit Hours
RAH Catalog Equivalent Number	Title	Credit Hours

Student Signature _____ Date _____

Department Approval _____ Date _____

FOR OFFICE USE ONLY Posted to student's transcript by _____ on _____