



Office of the Registrar  
 100 Institute Road, Worcester, MA 01609  
 Ph: (508)-831-5211  
 Fax: (508)-831-5931

# Graduate Transfer Credit Authorization Form

**Instructions:**

Please complete the following information requested below and return the form to the Office of the Registrar in Daniels Hall.

**Important Information:**

After successful completion of the course, request an official transcript of your grade to be sent to the Office of the Registrar at 100 Institute Road, Worcester, MA 01609.

**Part I: Please Print**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major: \_\_\_\_\_

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

**Part II: Please Print**

**Transfer Course Information**

Transfer Course # \_\_\_\_\_ Title \_\_\_\_\_

Credits \_\_\_\_\_ Name of College \_\_\_\_\_

**Part III:**

**WPI Course Equivalent and Approval**

(To be completed by the Department Head or Graduate Coordinator)

WPI Course # \_\_\_\_\_ Title \_\_\_\_\_

or  
 Elective# \_\_\_\_\_

Minimum Grade for Obtaining Credit \_\_\_\_\_ Credit \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Or

Graduate Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_