

**GRADUATE
TRANSFER CREDIT AUTHORIZATION**

Name _____ ID# _____ Major _____

TRANSFER COURSE # _____ TITLE _____

Credits _____ NAME OF COLLEGE _____

WPI course equivalent (to be completed by Department Head or Graduate Coordinator)			
Course# _____	Title _____	Minimum Grade _____	Credit _____
or		for obtaining credit	
Elective# _____	_____		

Approved by:	_____	_____
	Department Head	Date
	_____	_____
	Graduate Coordinator	Date

Instructions: Return completed form to the Registrar's Office. After successful completion of the activity, request an official transcript of your grade to be sent to this office at 100 Institute Road, Worcester, MA 01609. Students will be notified by mail when transcript has been received and credit accepted.

Students Signature _____

Address _____
