



**FBS Graduate Transfer Credit
Authorization Form**

Instructions:

Please submit completed form with course description to fabienne@wpi.edu.

Part I: Please Print

Name: _____ Student ID: _____

Major: _____

Address: _____ City, State, Zip Code: _____

Part II: Please Print

Transfer Course Information

Transfer Course # _____ Title _____

Credits _____ Name of College _____

Part III: Reason for Transfer Request

Part IV:

WPI Course Equivalent and Approval

(To be completed by the Foisie Business School)

WPI Course # _____ Title _____

or

Elective# _____

Minimum Grade for Obtaining Credit _____ Credit _____

GPCC Chair Signature _____

Date _____

Student Signature: _____ Date: _____