

TRANSFER OF CREDIT FORM

Please complete a Transfer of Credit Form for EACH graduate course you are submitting for consideration.

Student Name _____ SS# _____

Address _____

City/Town _____ State _____ Zip _____

Tel/Email _____

Graduate Program _____ Coordinator _____

Name of College/University where course was taken _____

Request to consider the following course:

Course No. _____ Graduate Credits _____ Grade _____ Date Taken _____

Title of Course _____

- Official transcript attached
- Description of course in college catalog/bulletin attached
- Copy of course transcript attached
- Official transcript has been requested

Course Accepted _____ Course Rejected _____

Course to be waived (if any): _____

Course for which this course is to be substituted (if any): _____

Advisor Notes:

Student Signature _____ Date _____

Approved by Program Coordinator _____ Date _____

Approved by Graduate Dean _____ Date _____

Suggested Distribution: Originals to Registrar's Office; Copies to Student, Program Coordinator, Student File

PLEASE SUBMIT ALL APPLICATION MATERIALS TO:
PRISM EDUCATIONAL CONSULTANTS, INC.
85 FOREST DRIVE
BRIDGEWATER, MA 02324