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