

Degree-seeking students who wish to take courses at other regionally accredited institutions as transfer credit must obtain prior approval from the ****Dean of the transfer course**. This form must be completed **prior** to course registration at the Transfer Institution. Failure to obtain prior approval could result in denial of the course credit. Please include a course description for each course listed on this form. **Upon completion of the course(s), students must request to have an official transcript sent to the attention of the Wentworth Institute of Technology Registrar's Office at TransferCredit@wit.edu.**

Important Policy Information

- A **minimum grade** of 'C' is required for the awarding of transfer credit; transfer credit is recorded with a grade of 'TR.'
- Courses taken outside of Wentworth will not factor into a student's cumulative grade point average (GPA).

Please print or type all information clearly. (Complete one form for each Transfer Institution)

Student's Name:			W#:	Major:	
Transfer Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year: 20 _____	Minor(s):
Transfer Institution: (one institution per request)				Concentration: (if applicable)	
Transfer Institution City/State:				Anticipated Graduation Date:	

Transfer Institution				Wentworth Institute of Technology					Course Approval					
Course Prefix	Course No.	Course Title	Course Credits	Course Prefix	Course No.	Course Title	Crs Cred	Major	Minor	Gen Ed	Elective	Approval	Deny	**Required Signature of Dean of Transfer Course
BIO	350	Environmental BIO/Lab	4	BIO	900	Conserve BIO/Lab	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**Example Only**
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reason for Request:

Student Signature: _____ Date: _____

I understand that it is my responsibility to have an official transcript sent from the Transfer Institution to the Registrar's Office at WIT.