

**TRANSFER CREDIT PRE-APPROVAL FORM**

Student UID# \_\_\_\_\_ — \_\_\_\_\_ Program / Plan Code \_\_\_\_\_

Student Name \_\_\_\_\_

Transfer School Attending \_\_\_\_\_

Dates Attending \_\_\_\_\_

**Instructions**

- Attach course description for approver’s review.
- Obtain approval before taking the course(s).
- Liberal Arts courses must be pre-approved by Liberal Arts Student Services using their form.

Transfer Course Name	Transfer Course Number	Credit Hours	RIT Course Name	RIT Course Number	Credit Hours

- Transfer credit will be awarded when **an official transcript verifying successful completion of the course(s) with a grade of “C” or better** is processed by the College of Imaging Arts & Sciences Student Services Office.
- It is the **responsibility of the student to request the official transcript be sent to RIT** upon completion of the course(s)\*.
- **Send Official Transcript to:**

ROCHESTER INSTITUTE OF TECHNOLOGY  
 OFFICE OF THE REGISTRAR  
 ATTN: RECORDS DEPARTMENT  
 GEORGE EASTMAN BUILDING  
 27 LOMB MEMORIAL DRIVE  
 ROCHESTER, NY 14623-5603

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Chair or Graduate Director \_\_\_\_\_ Date \_\_\_\_\_

\* For residency requirements, please refer to policy D12.O or see your academic advisor.