



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

Undergraduate Request for Transfer Credit

STUDENT INFORMATION

Student ID: _____ Name: _____
Last Name First Name Middle Name
 Email: _____ Phone: _____ Matriculation Term and Year: Fall Spring Summer 20____

UNIVERSITY INFORMATION

Institution Attended: _____ City, State/Province, Country of Institution: _____

TRANSFER COURSE INFORMATION

Transfer Course Information

Course information should be entered by the student and must be copied identically from transcript.

Permission from the Dean of Undergraduates must be secured in writing if registering for transfer courses during a semester that the student is enrolled at Rice.

Equivalent Rice Course

Course Information should be from the Course Catalog.

**Credit hours determined by OTR.*

Term and Year Taken	Subject Code	Course Number	Course Title	Quarter or Semester Hours	Credit Hours	Grade	Subject Code	Course Number	Course Title	Credit Hours*	Attribute	Previously taken this course at Rice?	If yes, what term did you take it?	What was the grade?
				<input type="checkbox"/> Quarter <input type="checkbox"/> Semester								<input type="checkbox"/> Yes <input type="checkbox"/> No		

Department Transfer Credit Advisor Approval

List of advisors available at: rice.edu/advising

Printed Name and Campus Extension

Approval Signature

Date

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STUDENT SIGNATURE

Student Signature: _____ Date: _____