Registrar's Office MIT 5-119 77 Massachusetts Avenue Cambridge, MA 02139-4307

MASSACHUSETTS INSTITUTE OF TECHNOLOGY REQUEST FOR ADDITIONAL CREDIT Based on Subject(s) Completed at Outside Institution

MIT ID #															
										Co	urse		Date		
(PLEASE PRINT)	SE PRINT) (Family Name)			(First Name)			(Middle Initial)			Course(Department)					
Term Address					(2)				(0.1						
(No.)	(Street)		(City)				(Sta			ate)	(Zip Code)		(E-mail)		
1. You must arran transcript(s) sent Registrar's Office final grade(s) compinstitution(s). You rethe transcript from Office to show the	directly to the showing wo bleted at the may obtain a the MIT Reg	the MIT ork and outside copy of gistrar's	signatu Transfe credit is fulfill a r awarde	requested. equirement d at another	aminer for which A subject used to for a degree institution will	119, ur for a C should petitior	nless I or H be re in firstly strato	you a ASS turne y to th or, 4-2	re rec subje d with ne HA 240, a	quest ct. In the SS A nd the	gistrar's Office ng transfer cre this case the f appropriate cademic en to the advis -133.	edit processe orm transcript Additiona received	d only v (s) and I Credit by the F t will ap	when both completed form have Registrar's pear on yo	d been Office.
Student should supply the following information, in full, on all subjects for which credit is requested							Hours per week				Transfer Credit Examir				Reg. Ofc.
College or University	y Subject Subject N		Name Date Subject Completed		Principal Textbooks Used Including Chapter Covered	Total Number of	Lectures	Recitations	Laboratory, Field Work, or Design	Grade	Equivalent MIT Signature of Tran Subject No. Examine		er Credit Date of Signature		CI/HASS
SHASS Dean's Off	ice			<u> </u>										<u> </u>	
approval for HASS		dit													
SHR approval For HASS transfer	credit		(Subj	ect / CI Categ	gory)				(Si	gnatu	e)			(Date)	
SOCR approval for CI transfer credit (Subject / CI Category)							(Signature)								
(Subject / CI Category) (Signature)												(Date)			