

THE NEW SCHOOL

UNIVERSITY REGISTRAR
72 FIFTH AVENUE NEW YORK, NY 10011
TEL 212.229.5620
FAX 212.229.5648

PERMISSION TO TAKE COURSES FOR CREDIT AT ANOTHER COLLEGE

A. STUDENT INFORMATION

STUDENT NAME: _____ ID: _____
(PLEASE PRINT CLEARLY)

ADDRESS: _____ STREET _____ CITY _____ STATE _____ ZIP _____

PHONE: _____

DEGREE: _____ MAJOR: _____

NAME OF COLLEGE: _____

ADDRESS OF COLLEGE: _____ STREET _____ CITY _____ STATE _____ ZIP _____

TERM BEGINS: _____ TERM ENDS: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

I HEREBY APPLY FOR APPROVAL TO TAKE THE FOLLOWING COURSE(S):

COURSE NUMBER	NAME OF COURSE	SEM	HRS	CREDIT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR CREDIT TOWARD THE FOLLOWING COURSE(S) AT THE NEW SCHOOL:

COURSE NUMBER	NAME OF COURSE/EQUIVALENT AT THE NEW SCHOOL	SEM	HRS	CREDIT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I know that I must make a grade equivalent to a "C" or better to obtain transfer credit. Upon completion of the course, I will request that an official transcript from the above-named college be sent to me. I will deliver the transcript unopened to my advisor for review and processing of transfer credit.

STUDENT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ADVISOR

Student is presently in good standing. Permission is granted subject to the conditions stated above.

SIGNATURE OF ADVISOR: _____ DATE: _____

REGISTRAR'S OFFICE USE ONLY:

ENTERED: _____
INITIALS DATE