

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