

Pre-Approval for Transfer Credit

INDIANA TECH

Student Information

Name: _____

Student ID number or Social Security number: _____

Degree: Associate of Science Bachelor of Science MBA MSM

Major: _____

Cumulative GPA: _____ Credit Hours Completed: _____

I request approval of transfer credit to curriculum at Indiana Tech from:

College or university: _____

Course code and title: _____

A course description must be attached.

Credit hours: _____

Semester in which course will be taken: Fall Spring Summer Year: _____

Equivalent Indiana Tech course code: _____

*** Grade earned must be a C or higher for undergraduate transfer credit to be accepted, a B or higher for graduate transfer credit to be accepted.**

Student signature: _____ Date: _____

Return this form to: Registrar's Office
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803
Fax (888) 832-4844

For Office Use Only

Approved: _____ Denied: _____

Comments/Remarks: _____

Signature: _____ Date: _____