

**UNDERGRADUATE EDUCATION
TUFTS UNIVERSITY**

TRANSFER OF CREDIT FORM FOR UNDERGRADUATES

NAME _____ ID# _____ PHONE _____

COLLEGE: LA _____ EN _____ CLASS _____ MAJOR _____ E-MAIL _____

DATE COURSES TO BE TAKEN: FALL _____ YEAR _____ SPRING _____ YEAR _____ SUMMER _____ YEAR _____

COLLEGE	CAT. NO. & DEPT.	COURSE TITLE	DEPARTMENTAL APPROVAL (signature of Transfer of Credit Representative)	PLEASE PRINT NAME (Transfer of Credit Representative)	TUFTS EQUIVALENT, if there is one	LA STUDENTS ONLY: SPECIFY IF COURSE FULFILLS DISTRIBUTION AND/OR CULTURE OPTION	COMMENTS (Registrar determines amount of credit)

I have read the policies and procedures and apply for transfer of credit under the conditions outlined on the attached sheet.

I have previously transferred _____ credit (s) from colleges other than Tufts.

Student's Signature _____ Date _____

RETURN TO: ORIGINAL – STUDENT SERVICES DESK, DOWLING HALL

2ND COPY - STUDENT COPY

Desk: Return to
Administrative
Support