



## Course Equivalency Assessment Form (Request for Off-Campus Study)

### Student and Course Information

Student Name:

FIT ID#:

FIT Email:

Phone number:

I am a student admitted for next term

I am a current student

I am a former student

*Transfer Institution and State:*

*Semester you wish to take course:*

*Transfer Course Name & Number:*

*Number of Transfer Course Credits:*

*FIT Course Name & Number/ FIT Requirement:*

1. It is your responsibility to have a final official transcript sent from the transfer college to the FIT Registrar's office once you complete the course.
2. A grade of "C" or better must be earned for the credit to transfer. Transfer credit is awarded as a "T" grade rather than the grade earned and will not affect your grade point average at FIT.
3. If this transfer credit is being used to satisfy your final degree requirements, you are responsible for requesting a graduation review.
4. Transfer credit will not count towards FIT residency requirement.

*I have read and understand the conditions listed above regarding the transfer of credits.*

STUDENT SIGNATURE:

Date:

### For Registrar Use Only

Course Review

Articulated course.

Major Course. Must be reviewed by chairperson.

Description approved.

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Department Chairperson Approval

The major course and descriptions have been reviewed and approved by the department chairperson.

Department Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Once approved, please return to the Registrar's Office for final review.*