

For Office Use Only											
osted By:	Date Posted:										

Office of the Registrar

Undergraduate Request for Transfer Credit

STUDENT INFORMATION														
Student ID:				Name:				First Name Middle Name						
Email: Phone:						Matriculation Term and Year: ☐ Fall ☐ Spring ☐ Summer 20								
	University Information													
Institution Attended:						City, State/Province, Country of Institution:								
Transfer Course Information														
Transfer Course Information Course information should be entered by the student and must be copied identically from transcript. Permission from the Dean of Undergraduates must be secured in writing if registering for transfer courses during a semester that the student is enrolled at Rice.							C	Equivalent Rice Course ourse Information should be from the Course Catal *Credit hours determined by OTR.	Department Transfer Cred Advisor Approval List of advisors available at: rice.edu/advisir					
Term and Year Taken	Subject Code	Course Number	Course Title	Quarter or Semester Hours	Credit Hours	Grade	Subject Code	Course Number	Course Title	Credit Hours*	Attribute	Approval		
				☐ Quarter								Printed Name and Campus Extension		
				☐ Semester								Approval Signature Do	ate	
				☐ Quarter								Printed Name and Campus Extension		
				☐ Semester								Approvol Signature Do	ate	
				☐ Quarter								Printed Name and Campus Extension		
				□ Semester								Approval Signature Do	ate	
				☐ Quarter								Printed Name and Campus Extension		
				□ Semester								Approval Signature Do)ate	
				1		STU	DENT S	IGNATUI	RE					
Student	Signatu	re:					Date:							