PETITION TO TAKE TRANSFER CREDIT VALIDATION EXAM

Name: ________________________________  MIT ID: ________________________________

Requested exam(s) (i.e., 8.01, 8.02): __________________________________________

College/university from which transfer credit is requested: ___________________________

Course number(s) from transfer institution: _______________________________________

Date of exam (please circle month):  August  January  20_____

A student wishing to take the validation exam for 8.01 or 8.02 transfer credit should have the equivalent subject approved by the Physics Academic Administrator before taking the exam. By signing below, the student confirms the understanding that a grade of B or better is required in the equivalent subject. An official transcript for the equivalent subject must be provided before transfer credit is ultimately granted.

Student Signature: ____________________________________________________________

Physics Academic Administrator: ________________________________________________