MASSACHUSETTS INSTITUTE OF TECHNOLOGY
REQUEST FOR ADDITIONAL CREDIT
Based on Subject(s) Completed at Outside Institution

MIT ID # __________________________

(Please Print) (Family Name) (First Name) (Middle Initial) (Department)

Term
Address

(No.) (Street) (City) (State) (Zip Code) (E-mail)

1. You must arrange to have official transcript(s) sent directly to the MIT Registrar's Office showing work and final grade(s) completed at the outside institution(s). You may obtain a copy of the transcript from the MIT Registrar's Office to show the MIT examiner(s).

2. On the form below, obtain signature of the appropriate Transfer Credit Examiner for which credit is requested. A subject used to fulfill a requirement for a degree awarded at another institution will not be accepted for credit at MIT.

3. Return this form to the Registrar's Office, 5-117, unless you are requesting transfer credit for a CI or HASS subject. In this case the form should be returned with the appropriate petition firstly to the HASS Academic Administrator, 4-240, and then to the advisor, CR & HASS Requirement, 5-133.

4. Additional credit will be processed only when both your transcript(s) and completed Additional Credit form have been received by the Registrar's Office. The credit will appear on your next end-of-term grade report.

<table>
<thead>
<tr>
<th>College or University</th>
<th>Subject Number</th>
<th>Subject Name</th>
<th>Date Subject Completed</th>
<th>Principal Textbooks Used Including Chapters Covered</th>
<th>Total Number of Weeks Taken</th>
<th>Lectures</th>
<th>Recitations</th>
<th>Laboratory, Field Work, or Design</th>
<th>Grade</th>
<th>Equivalent MIT Subject No.</th>
<th>Signature of Transfer Credit Examiner</th>
<th>Date of Signature</th>
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SHASS Dean's Office approval for HASS transfer credit ____________________________________________ (Subject / CI Category) (Signature) (Date)

shr approval For HASS transfer credit ____________________________________________________________ (Subject / CI Category) (Signature) (Date)

SOCR approval for CI transfer credit ________________________________________________________________ (Subject / CI Category) (Signature) (Date)