Registrar's Office
MIT 5-119
77 Massachusetts Avenue
Cambridge, MA 02139-4307

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

MIT ID # ___ ___ ___ ___ ___ ___ ___ ___ ___

_____ Course_____ Date_____
(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, 5-119.

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.

Student should supply the following information, in full, on all subjects for which credit is requested						Hours per week				Transfer Credit Examiner		
College or University	**Subject Number**	**Subject Name**	**Date Subject Completed**	**Principal Textbooks Used Including Chapters Covered**	Total Number of Weeks Taken	Lectures	Recitations	Laboratory, Field Work, or Design	Grade	**Equivalent MIT Subject No.**	Signature of Transfer Credit Examiner	Date of Signature