

Student Name:\_

## **Central Connecticut State University** Office of the Registrar

Student ID Number:

## **Undergraduate Transfer Credit Approval**

Name & Location	of Host Institution:	Semester Attending:				
refer to the CCSU ca	sed by current CCSU undergraduate student atalog for transfer credit policies and the nt to your CCSU account with a copy of the second second with a copy of the second s	transfer course equivalency	•			
Transferring Credits (to be completed by student):			CCSU Course Equivalents (to be completed by Registrar Staff):			
Subject & Course #	Title	# of Credits	Subject & Course #	Title	# of Credits	Gen Ed Credit
<ul> <li>to CCSU and</li> <li>Transfer cree</li> <li>Consult with program.</li> <li>It is the studinstitution w</li> </ul>	grade of C- must be earned for a course to transfer courses will not affect your CCSI dit is based on current course equivalence your academic advisor for use of course ent's responsibility to ensure that course ill meet CCSU program requirements.  You acknowledge that you have read	o be eligible to transfer U GPA. ies. and credit in your s taken at another	equivers equivers earned trans the house of the house of	rated Couse Work: Credit is only valent) is repeated. If you transfed credit for, you will not earn a cript and the course description ost institution. Efficial transcript must be sent electrar immediately after the cour	er a course to CCSU than idditional credit. Review in the CCSU Catalog precently to the CCSU	t you have alread y your CCSU ior to enrolling at U Office of the
Student Signature		 Date	CCSU Transfer Credit Evaluator Approval		val	Date

Submit the completed form to: Office of the Registrar, Willard-DiLoreto, Room D202 Fax (860) 832-2250, E-mail regstaff@ccsu.edu