



# Request to Take Courses at Another Accredited Institution

Name \_\_\_\_\_ ID \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*The above named person, currently enrolled at Post University, is hereby authorized  
to enroll at \_\_\_\_\_ during the \_\_\_\_\_ semester/term for the following: \_\_\_\_\_*

Courses to be taken at above named institution*				Equivalent course(s) at Post University			
Dept.	Course No.	Title of Course	Cr. Hrs.	Dept.	Course No.	Title of Course	Cr. Hrs.

\* Please attach a copy of the course description.

Credit for this work will be given by Post University upon receipt of an official transcript from the Registrar's Office of the attending institution. Courses must be passed with a "C-" or better in order to be transferred. The official transcript must be sent to: **Registrar's Office, Post University, 800 Country Club Road, P.O. Box 2540, Waterbury CT 06723-2540.** It is the responsibility of the student to arrange for the transcript to be sent.

***I accept full responsibility for successfully completing the above mentioned courses. I understand that only those courses approved for my program, which fulfill degree requirements, will be accepted in transfer. If any changes are made to the courses listed above, I am responsible for obtaining the Registrar's approval.***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Transfer Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_