

Application to take Credits at Other Accredited Academic Institutions

Last Name: _____ First Name: _____ Student ID: _____

Program _____

Major: _____ Concentration: _____

E-mail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

REQUEST PERMISSION TO TAKE COURSES AS INDICATED

Intended Term of Studies: ☐ Full ☐ Spring ☐ Summer Year: _____

College/University where credits are to be taken: _____

Institution's Address: _____

 Accreditation: _____

Other Academic Institution's		
Cat. #	Course Title	Credits

Fairleigh Dickinson University's Equivalent		
Cat. #	Course Title	Credits

Student's Signature _____ Date: _____

Advisor's Signature _____ Date: _____

TO BE COMPLETED BY RECORDS OFFICE at FDU:

Matriculant: _____ Yes _____ No _____ CGPR: _____
 Credits Earned to Date: _____ Previous transfer credits received: _____
 Records Office Verification by: _____ Date: _____

AUTHORIZED

Department Chairperson of your Major at FDU _____ Date _____

Dean of College of your Major at FDU _____ Date _____

Department Chairperson in which course is given at FDU _____ Date _____

Dean of College in which course is given at FDU _____ Date _____

Campus Executive – FDU Vancouver _____ Date _____

Director of Enrollment Services – FDU Vancouver _____ Date _____