## FranklinPierce

## REQUEST TO STUDY AT ANOTHER INSTITUTION

	STUDENT INF	ORMATION	
Student Name:	Student ID Number:		CGPA:
Major:	_Semester/Term:	Year:	
Center: 🗌 Lebanon 🗌 Manchester	Online	Portsmouth	🗆 Rindge
	ARTICULA	TIONS	
Name and City/State of Institution:			
Rationale for studying outside of Franklin Pierce	University:		
Course #: Course Title:		FPU Equivale	nt:
Course #: Course Title:	rse #: Course Title: FF		nt:
Student Signature:		Date:	
	INSTRUCTION		
<ul> <li>In order to attend another institution and tran <ol> <li>Fill out the top of this form and return it it</li> <li>Attach the catalogue description and/or of</li> <li>When you have completed your course(s Office of the Registrar, Franklin Pierce II</li> </ol> </li> <li>Note: Important points to consider as you che <ol> <li>You must attend a regionally accredited in</li> <li>You must take a college level course (gene</li> <li>Only a grade of "C" or better will be acce</li> <li>You cannot repeat a course you successfu</li> <li>Transfer credits are applied to your record</li> <li>Retaking a class elsewhere that you previous</li> </ol> </li> </ul>	to your advisor. course syllabi of the co ), have the institution University, 40 Univer cose a course(s): institution erally 100 level or about pted for transfer cred illy completed at Fran d as credits only – they	ourses you intend to ta you attended send a <b>sity Drive, Rindge, N</b> we) it purposes klin Pierce; credit will k y do not affect your GF	ke. n <u>official</u> Transcript of your final grades to: <b>H 03461</b> be given only once
	APPRO	/ALS	
Approve       Student Advisor Signature:_         Disapprove       Reason:			
Approve       Faculty (of subject matter) Sign         Disapprove       Reason:			Date:
Approve     Dean or Designee Signature       Disapprove     Reason:			Date:
Processed by:	Date: _		Rev. 8/2019