

Dartmouth College Transfer Credit Approval Form

Student and Institution Information

Student Name (print clearly): _____	ID: _____	Class Year: _____
Institution or program name: _____	Dartmouth term away: _____ (example: Fall 2018)	
Date classes begin: _____ Date classes end: _____	Requested number of credits to transfer to Dartmouth : _____	

Checklist

_____ Each course has the signature of the Chair, or designated faculty member from the appropriate departments/programs
_____ A copy of your <i>DartWorks</i> Degree Audit
_____ Each course's syllabus from the other institution
_____ Class meeting times and academic calendar (for verification of contact hours) from the other institution(s)
Student Signature: _____ Date: _____

Course Information

Student completes	Department/Program Approval						Registrar's Office	
Other Institution Course Number and Title	Dartmouth Course Equivalency, if any	Dist	WC	Maj Cred Y/N	Min Cred Y/N	Chair or Faculty Designee Signature	Date	Contact Hour Verification

Dartmouth Course Equivalency: List a direct equivalent (ex. DEPT 015), non-equivalent (ex. DEPT 000), or DENIED, if not approved.

Dist/WC: a course approved to be direct equivalent to a Dartmouth course carries the same distributive/WC as that course at Dartmouth.