

UNIVERSITY OF NEW HAVEN GRADUATE SCHOOL

300 Orange Avenue
West Haven, CT 06516

COORDINATED COURSE AUTHORIZATION

This form should be used to secure permission **prior to enrollment** for graduate course (s) to be taken at another college or university for transfer of credit to the student's program at UNH. Consult the Graduate catalog for policies governing the transfer of credit. Two copies of this form are required.

STUDENT'S NAME: _____ DATE _____
Last First Middle

MAILING ADDRESS: _____ S.S.# _____
_____ DATE OF BIRTH _____
City State Zip

REQUEST FOR APPROVAL OF THE FOLLOWING COURSE (S):

_____ Name of university or college	
Course Number	Course Title

OTHER COLLEGE USE ONLY	
Credits/Sem. Hrs.	Grade

Student's Signature Date

APPROVAL REQUIRED (ALL STUDENTS):

Program Coordinator: _____
Signature Date

APPROVAL REQUIRED (INTERNATIONAL STUDENTS ONLY):

International Office: _____
Signature of the Director Date

NOTE: This document is not a statement of good standing. If required, such statement must be secured from the Registrar for Graduate Records. Students are responsible for submitting an OFFICIAL TRANSCRIPT of academic work taken at another institution before any credits will be posted on their UNH records.

DISTRIBUTION: One copy to the Graduate Records Office at the University of New Haven and a copy to the registrar at the institution where the course will be taken.