

Transfer/Waiver Request

Name:		
Date of Birth:		
Program:		
I am requesting that official copie following:	s of my original transcripts be revie	ewed for consideration of the
☐ Waiver of NECI program requ	uirements based upon completion o	f coursework from
		College or University
Transfer of credit fromCollege or University		
Courses/Requirements to waive/transfer:		
Transfer course number	Term/Semester Completed	NECI equivalent course code

If official college transcripts are not in my admissions folder I understand that I am responsible for obtaining those from my previous post-secondary institutions and having them sent to the Registrar's Office at NECI prior to consideration. I understand that I may also be required to obtain course descriptions from the exact time frame that my courses were taken.

- A grade of B or better is needed to transfer a course
- Courses considered for transfer should not be older than 10 years
- Course descriptions may need to be provided by the student in order to transfer request.
- Course transfer must be appropriate in level (lower division/upper division), content and content distribution in program

Please see the NECI Academic Catalog for transfer policy.

Please complete and deliver to the Academic Advising Office for consideration. Please make sure that your official transcripts are on file with the Office of the Registrar prior to submitting this form.