Fairfield University
Transfer of Credit Form

Please complete the following information for students who have studied at another institution and return it with an official transcript to the Dean's Office (Canisius Hall 102) for posting. (Place each institution on a separate sheet.)

Student's Name:_____ ☐ Undergraduate ☐ Summer

Student's I.D. Number_____ ☐ Graduate Education ☐ Study Abroad

Student's Address_____ ☐ Graduate Business ☐ Other _____

_____ ☐ Continuing Education

Courses and credits accepted in transfer from: _____

Type of Credit Hours: ☐ Semester _ ☐ System

Transfer Courses					Equivalent to Fairfield University			
Dept.	Title	Credits	Semester & Year Taken	Grade if Applicable	Course Number	Title	Credits	Specify Core Major, Minor or Elective

Total Courses _____ Total Credits _____

Submitted by _____
Student's Signature Date

Approved by _____ Approved_____
Advisor's Signature Date Dean's Signature Date

or Assist. Dean’s Signature