



POST-MATRICULATION CREDIT REQUEST FORM

Last Name (please print)	First Name	Middle Initial	RMU ID Number
Street	City	State	Zip Code
Birthday (mm/dd/yy)	Phone Number	RMU Email Address _____@mail.rmu.edu	
FALL: YEAR _____	SPRING: YEAR _____	SUMMER: YEAR _____	

Off-Campus Credit: Host Institute Course Information			RMU Equivalent Course Information		
Course No.	Course name	Crs.	Course Name and Number	Crs.	Dept. Head Aprvl.

NAME OF INSTITUTION _____

Street _____ City _____ State _____ Zip Code _____

I understand that approval, if granted, is contingent upon completion of the current semester with a CQPA of a 2.0 or higher. It is also my responsibility to request an official, signed and sealed transcript to be sent to the Registrar's Office within one month after completion of coursework.

Off Campus Credit Signatures			
Student Signature	Date		
Dean Signature (if course is in the major)	Date	Vice Provost Signature (if core course)	Date
Center for Global Engagement Signature (if required) Date			

To receive transfer credit you must submit this form to the Office of the Registrar, 2nd Floor Patrick Henry Center, prior to enrollment in the course. Send official transcripts to registrar@rmu.edu or mail to the attention to Office of the Registrar.