



## Mount Ida College

### Petition to Pre-approve Potential Transfer Credits

Office of the Registrar, 777 Dedham Street, Newton, MA 02459  
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

If you wish to take a course elsewhere to count towards your degree, please complete this form and wait to register for the course until approval of your petition is confirmed. In addition to obtaining approval in advance, students are **required to earn a grade of C or higher** in courses taken elsewhere. Upon completion of the course, it is your responsibility to request an official transcript to be sent to the address above.

**Please attach a description of the course from the institution's catalog or website.**

<b>Name:</b>	_____	<b>ID #:</b>	_____
<b>Local Address</b>	_____	<b>Phone #:</b>	_____
<b>City, State, Zip:</b>	_____	<b>Email:</b>	_____
<b>Major:</b>	_____	<input type="checkbox"/> Part-time student	
		<input type="checkbox"/> Full-time student	
Name/address of institution where you would like to take a course:	_____		
	_____		
	_____		
	_____		

**Course at institution listed above:**

Course #:	_____	Course Title:	_____
Start date:	_____	End date:	_____

**Equivalent course at Mount Ida College:**

Course #:	_____	Course Title:	_____
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Please state your reason for taking the course elsewhere (check one):

Recommended as a condition of my placement on Academic Warning or Probation

Withdrew from an equivalent course at Mount Ida College and must repeat it

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*for office use only:*

_____ <i>Conditions of Approval:</i>	<i>Approved:</i> _____
_____ <i>C or higher required</i>	<i>Not Approved:</i> _____
_____ <i>ACE-recommended score or higher/CLEP</i>	<i>Date:</i> _____
_____ <i>Other:</i>	
_____	
_____	
_____	
	<i>Rachel Butler, Associate Registrar:</i>
	_____
	X
	_____