

# Memorandum to the Registrar

# Transfer of Credits from Elsewhere (TCE)

<i>Transfer of credits from another institution, for credit at The Cooper Union Albert Nerken School of Engineering.</i>			
<b>Student Information (Part 1):</b>			
Student <b>LAST</b> Name:	[PRINT CLEARLY]		Student ID Number ▼
Student <b>FIRST</b> Name:	[PRINT CLEARLY]		
Student Major:	<input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME	Grade Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Grad
Contact Information:	Email:	Phone:	

<b>The Cooper Union Course you are Requesting Credit for (Part 2):</b>		
Course Code ▼	Course Title ▼	Number of Credits ▼

<b>Course Information Taken Elsewhere:</b>			
Course Code ▼	Course Title ▼	Number of Credits ▼	
Institution/School Name ▼	Grade ▼ (B or higher required)	Course Taken ▼	
		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:

*\*If you are combining two or more courses from the previous school to equal the credits for a Cooper Union course, add the course below. **Note:** Your previous credits **must be greater than or equal to** the credits given at Cooper Union.*

<b>Course Information Taken Elsewhere:</b>			
Course Code ▼	Course Title ▼	Number of Credits ▼	
Institution/School Name ▼	Grade ▼ (B or higher required)	Course Taken ▼	
		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:

--- STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean's Office. Betsy will take care of signatures. ---

<b>Required Signatures (Part 3):</b>			
Student Signature:	(Sign)	Date:	
Department Chair Signature:	(Print)	Date:	
	(Sign)	Date:	
Department Chair Signature: (of the department where credits are being sought)	Department associated with course: <input type="checkbox"/> CE <input type="checkbox"/> Ch <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> MA <input type="checkbox"/> ME <input type="checkbox"/> PH	Date:	
	(Print)	Date:	
	(Sign)	Date:	
Dean Signature:	(Sign)	Date:	