

HARVARD UNIVERSITY  
 Graduate School of Arts and Sciences  
 Office of the Registrar  
 20 Garden Street  
 Cambridge, MA 02138

**APPLICATION FOR ACADEMIC CREDIT FOR GRADUATE WORK DONE ELSEWHERE**

Credit is not given for thesis courses. Official transcripts showing the courses and grades for which credit is requested must be on file before this petition will be considered. (Photocopies not acceptable)

Name: Mr./Mrs./Ms. \_\_\_\_\_ Year in Graduate School: \_\_\_\_\_ Department: \_\_\_\_\_  
 (Please print clearly)

ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

List the courses for which you want graduate academic credit:

<u>Courses</u>	<u>Institution(s) and Year(s) Attended</u>	<u>Full Course Half Course or Equivalent</u>	<u>Grade</u>	<u>Subject matter of course</u>	<u>Approved</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Address \_\_\_\_\_

To be filled out by student's DGS (Director of Graduate Studies) before being returned to the Registrar's Office:

Number of Half-Courses approved \_\_\_\_\_ Note: MAXIMUM ALLOWABLE CREDIT IS EIGHT HALF-COURSES

Signature of DGS (check courses approved) \_\_\_\_\_ Date \_\_\_\_\_

Approved by Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_