



Brown University Departmental Recommendation For Revision of Previously Approved Transfer Credits

Please Check One:

Revision of Concentration Credit Approvals

Revision of previously approved and recorded Transfer Credits (includes Pre-Brown credits granted through DOC)

Office of the Registrar

(To be submitted by student after work has been completed and request is made for evaluation.)

Please Print _____ ID _____
 Last Name First Name MI

E-Mail Address _____ Box _____ Phone _____

Completed Work at _____ From ____/____/____ to ____/____/____
 Institution Location mo. yr. mo. yr.

For work completed at another institution to be accepted for transfer credit toward a Brown degree, it must be evaluated for both content and quantity. In general, academic departments are responsible for determining the academic content of the courses and the Registrar is responsible for determining the total number of course credits involved; however, especially for work completed at institutions which do not issue standard transcripts (e.g., foreign), it may be necessary to rely on departmental recommendations concerning the specific number of course credits which should be allowed.

Note: The purpose of the below form is to revise previously assigned & recorded transfer work; or to obtain concentration approval for specific coursework; or both. In all cases, the course(s) below must already be recorded on the student's record. If seeking preliminary or retroactive approval for course(s) not already contained on the academic record please use the appropriate form.

Department Recommendation

STUDENT COMPLETES	BROWN FACULTY MEMBER COMPLETES			
Course # and Title as currently reflected on Brown record	Equivalent Brown Course or amount of unassigned credit	Partially covers Brown Course(s), which may not be repeated at Brown	Department Approval (Mandatory)	Concentration Approval (If Applicable)
			Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____	Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____
			Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____	Department _____ Faculty Name (Print) _____ Faculty Signature _____ Date _____

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Please return completed form directly to the Office of the Registrar Office for Student Records