Registrar's Office Feldman Center, Room C204 telephone 212-217-3820 Fit\_registrar@fitnyc.edu



## Course Equivalency Assessment Form (Request for Off Campus Study)

Student and Course Information		
Name:		
FIT ID #: Major:		Najor:
FIT Email:Phone number:		
I am a student ad	dmitted for next term udent	
I am a former stu	udent	
Transfer Institution:		
State in which institution resides:		
Transfer Course Subject	and Number (Ex. EN 121):	
Transfer Course Title:		
Number of Transfer Course Credits:		
FIT Course Subject and I	Number:	
If you	are unsure of the FIT equivalent, please	write down the requirement that you are trying to fulfill.
<ul> <li>complete the course</li> <li>A grade of "C" or be</li> <li>If this transfer credit graduation review with transfer credit is aw</li> <li>Transfer credit will degree. The BS/BFA coursework in each</li> </ul>	e you have taken.  etter must be earned for credit to tre t is being used to satisfy your final or via email to fit_registrar@fitnyc.edu varded as a "T" grade rather than the not count toward FIT residency. FIT a degree requires 60 credits in resid degree while in matriculated statu	degree requirements, you are responsible for requesting a
I have read and unders	tand the conditions listed above rega	rding the transfer of credits.
Student Signature		Date
For Registrar Use O	nly	
Course review:	Articulated Course Major Course	Semester system Quarter system
Registrar's Office Approval: Date		
Once approv		e used as proof of equivalency at the visiting institution.