



Undergraduate Transfer Credit Request (TCR)

TCR form is valid for one year.

Return this form to the registrar's office at psu-registrar@plymouth.edu

PSU Student ID _____ Last Name _____ First Name _____

BEFORE PROCEEDING, READ THE PSU [TRANSFER POLICIES](#) IN THE ACADEMIC CATALOG

I am seeking **one** of the following:

_____ Transfer Credit from a U.S. Institution

_____ Transfer Credit from a non-U.S. Institution

_____ [Cross Registration](#) (special financial arrangement) at _____ UNH **or** _____ Keene State **or**

_____ Via the NHCUC agreement ([participating institutions](#): all NH colleges except Dartmouth and community colleges; limitations apply – fall and spring semesters only, in-person courses only, and undergraduate students only; *additional steps required*)

Transfer Course Institution _____ Institution Address (City, State, Country) _____

Transfer Course Title _____ Transfer Course # (e.g., CHEM 403) _____ Transfer Course Credits _____

Term when course was or will be completed: ___ Fall ___ Winterim ___ Spring ___ Summer Year _____

✓ **Please check here if the course is online** _____

✓ I have notified/consulted my advisor regarding this transfer. **Advisor Name** _____

STUDENT SIGNATURE: (required) *YOUR SIGNATURE/DATE BELOW ASSERTS THAT YOU HAVE READ THE POLICIES LINKED ABOVE AND ACKNOWLEDGE YOUR RESPONSIBILITIES*

Student Signature: _____ Date: _____

(Students may type their name and date to digitally acknowledge responsibilities when submitting forms via PSU email)

Actual credit equivalency awarded is subject to verification of transfer course information on transfer institution's official transcript.

STOP – Sections below are for Registrar Staff Use Only

Course Equivalency _____ Evaluator Name _____ Term _____

Gen Ed ___ Yes ___ No _____ Comments _____

RO Signature/Date _____ Decision: ___ Approved ___ Denied

Processed by: _____ Date _____ 5/2024