



Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
201.216.5234
FAX 201.216.8044
Graduate School

Permission to Take a Course at Another Institution

Permission is hereby granted for _____ (____-____-____),
NAME OF STUDENT SOCIAL SECURITY NO.

a matriculated student at Stevens Institute of Technology, to take

COURSE NUMBER AND NAME

at _____ during _____
NAME OF INSTITUTION SEMESTER YEAR

Please submit a copy of the course description as found in the catalog of the institution where the course is going to be taken.

When an official transcript and Transfer Credit Form are received by the Graduate School, credit will be granted for the course, according to the rules of Stevens Institute of Technology.

Approval Signatures:

ADVISOR

DATE

DEAN OF THE GRADUATE SCHOOL

DATE