

The American University of Rome Office of the Registrar Via Pietro Roselli 4, Rome 00153, Italy Tel. 39-0658330919 Fax: 39-0658330992

e.mail: registrar@aur.edu

## TRANSFER CREDITS PRE-APPROVAL FORM

STUDENT:					
Email:	•				
AUR Major:	Semester & year you wish to take these courses:				
Current Status:	♦ Freshman	♦ Sophomore		♦ Junior	♦ Senior
Name and City/Stat	te of Institution you wis	sh to attend:			
		INSTRU	CTIONS	& POLICY	
<ol> <li>Corinc</li> <li>Rec star</li> <li>Wh</li> </ol>	luding number of seme quest approval from you rting these courses	tach a syllabus ster credits ur academic ad I the course(s),	or detaile	d course description f	for each course you wish to take the Registrar's office before send an official transcript with
Course Number & Title of Course to be		oe taken	Credit hours	AUR equivalent	Approved
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
Transfer cre	de of "C" or better will ledits are transferred as outend a regionally accre	credits only – the	hey will n		ur GPA
Student Signature:				Date:	
Approved by Academic Advisor :				Date:	
Approved by Registrar:				Date:	

Updated May 18, 2018