



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:

_____ Transfer Credit from a U.S. Institution _____ Study Abroad

Cross Registration (select one): _____ NHCUC ([participating institutions](#); additional steps required) _____ UNH _____ Keene State

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

Transfer Course Title _____ Transfer Course Number _____ Transfer Course Credits _____

Term when course was or will be completed: _____ Fall _____ Winter _____ 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 _____

2/2024