



AIHT EDUCATION

Request for Transfer Credit or Course Waiver

STUDENT NAME: _____

DATE: _____

PROGRAM: _____

COURSE(S) TITLE TO BE WAIVED:

Course 1

GPA of ____ Achieved at _____ institution during Semester ____ Year ____

Course 2

GPA of ____ Achieved at _____ institution during Semester ____ Year ____

Course 3

GPA of ____ Achieved at _____ institution during Semester ____ Year ____

*The course grade will be verified by the AIHT Registrar's Office. Students must earn a grade point average of (2.0) or higher for transfer credit or waiver to be granted.

Please check the applicable box (es):

- I am seeking transfer credit for this course
- I am seeking a waiver of a core course, concentration, or program requirement
- I acknowledge that I have read and understood the requirements for awarding waiver or transfer credits. I recognize that to the best of my ability the provided information is true and accurate.

Student Signature: _____ Date: ____/____/____

FOR OFFICE ONLY

DECISION: **APPROVED / REJECTED**

Justification/Comments:

ADMINISTRATOR TITLE:

SIGNATURE:

DATE: