

**Stockbridge School of Agriculture
2-Year Students Only**

PRIOR APPROVAL FORM FOR TRANSFER CREDIT

(for courses taken at another institution for transfer to the Stockbridge School of Agriculture)

Requirements:

- obtain authorized signature for course(s) taken to satisfy requirement(s)
- submit course description(s)
- forward an official transcript to the Stockbridge School Office upon completion of coursework

Name _____ SPIRE # _____ Major _____ Class _____
please print

Mailing Address _____ Phone _____
street city state zip

Course(s) will be taken at _____ Semester Fall _____
college/university city and state Spring _____
 Summer _____

<i>STUDENT COMPLETES THIS SECTION</i>				<i>STOCKBRIDGE OFFICIAL COMPLETES THIS SECTION</i>			
DEPT	COURSE #	COURSE TITLE	CREDITS	READM REQ	ELECTIVE	MAJOR REQ	EQUIVALENT STK COURSE

_____ Student Signature

_____ Approved by Stockbridge Official

_____ Date

RETURN TO:
 Office of the Director
 208 Paige Lab
 University of MA Amherst
 Amherst, MA 01003-9286
 Telephone: 413-545-2222 Fax: 413-577-0242