

ADVANCED STANDING APPLICATION FORM

Transfer of Prior Graduate Credit



Office of the Registrar, 40 Avon Street, Keene, New Hampshire 03431-3516
 Email registrar.ane@antioch.edu Tel 603.283.2470 Fax 603.355.1160 www.antiochne.edu

Name _____ Date of Application _____
 Address _____ Semester of Entry _____
 _____ Department/Program _____
 Telephone _____ Advisor _____
 Social Security # _____ Advisor's signature _____

I am applying for _____ credits of Advanced Standing through Prior Graduate Training. Listed below are the courses for which Antioch University New England graduate credit is requested. Please note: Official transcripts must already be in your student file and if they are not, have them sent directly to the Registrar's office from the graduate school(s) awarding credit. Please refer to the Student handbook for transfer credit fees.

COLLEGE ATTENDED	COURSE #	COURSE TITLE	# CREDITS	ANTIOCH COMPETENCY AREA	REGISTRAR APPROVAL

DO NOT WRITE BELOW THIS LINE

Credit awarded _____

Tuition reduction _____

Date of Application _____
 Department Chairperson

Semester of Entry _____
 Vice President for Academic Affairs