PERMISSION TO TRANSFER CREDIT FROM ANOTHER INSTITUTION



Name					C 0 0-	E-mail Address					
Last Name		First I	<i>Name</i>		Cortland ID Number						
Local Address Street/PO Box					State	Zip Code	,		Te	elephone	
Expected date of graduation: MAY 20	AUGUST 20 DECEMBER				20 Department		Majo	Major Code			
Petition to register for courses at						30111		*******	CI	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	JPIII'8
Have you submitted another "Permission to Tra	nsfer Cred	dit" form f	or the sa	ime seme	ester? Yes No						
Do NOT register	for the	course(s)	listed l	oelow U	NTIL you have secured all approvals	;				does this course f gree requirements	
Course(s) Title(s) to be Taken at Other Institution to Transfer to Cortland	Course Prefix	Course Number	Credit Hours	Online Course	Equivalent Course(s) Title(s) at Cortland	Course Prefix	Course Number	Credit Hours	Req. for Major	Req. for Minor or Concentration	GE Specify
IMPORTANT: Check each box to indicate your	understan	ding of th	e statem	nent	Ma	vimum trai	nsfer cre	dit appro	ved for	this term	
 □ The policies pertaining to the transferring of ✓ Cortland may deny transfer credit that ha ✓ Only courses with a grade of C- or better ✓ Transfer courses do not factor into my Co □ A maximum of 64 credits from a two-year in 	credits from the control of the cont	om anoth pre-appro er A	er institu ved	ıtion inclı	ude: ✓ I cannot take a course at another institut ✓ I will not receive transfer credit for a cou	tion while e urse I have a	nrolled in already re	student to ceived cre	eaching, edit for a	practicum or fie Cortland	ldwork
Cortland degree program ✓ 45 credit hours of course work MUST be	completed	l in residen							i ene pi	ogram, may oc	applied to t
 □ Approval is granted ONLY for the semester □ I must attach a course description from the □ I must request an official graded transcript b □ Departments may require that specific course 	transfer co e sent to	ollege, unl Cortland's	s Registra	ar's Office	within one semester of completing the		ww.cortla	ind.edu/ac	dmissions	s/transferequiva	lencies.html
Student's Signature					Date						
Advisor's Signature					Date	APPRO	VED I	DENIED		PENDING Assoc. APPROVED	Dean Review DENIED
Transfer Credit Coordinator					Date	APPRO	VED I	DENIED			
Send completed forms to: SUNY Cortland Advisement ar Phone (607) 753-4726 – Fax (60			emorial Lib	orary, PO Bo	x 2000, Cortland, New York 13045					Initials	Date

SUNY Cortland Registrar's Office, PO Box 2000, Cortland, NY 13045

Send transcript to: