

Request for Transfer of Graduate Credit

Name: _____ Student ID: _____
Last First Middle/Maiden Name

Address: _____
P.O. Box/Street/Apt.# City State ZIP

Telephone: (home) _____ (work) _____ E-mail: _____

Degree Program: _____ Advisor: _____

I wish to have the following graduate course(s) from another institution (maximum of 6 credits) accepted toward the completion of my graduate degree requirements. I have met my department's requirements for eligibility to transfer credits. I have attached to this form the college catalog description of the course(s) and, if the department requires it, the syllabus which includes meeting times and dates for the course.* I will have an official transcript sent to the Graduate Studies Office. I understand that a grade of B or better is required for transfer of credits.

*Please check to see if your specific department requires the course description and course syllabus.

Course Prefix/Number	Course Title	Credits	Grade	Institution	Term

Student Signature: _____ Date: _____

This form is to be submitted to your advisor.

Please do not write in the space below—for office use only.

Courses will be transferred in as:

Course Prefix + Number	Title (if applicable)

If not approved, the reason(s) are:

Approved Denied Signature: _____ Date: _____
Program Advisor

Approved Denied Signature: _____ Date: _____
Departmental Graduate Coordinator

Approved Denied Signature: _____ Date: _____
Director/Assistant—Office of Graduate Studies

cc: Student, Advisor

Office of Graduate Studies
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Phone: 607-753-4800
Fax: 607-753-5988

