

# Supplement to Transfer Credit Evaluation



Student Name: \_\_\_\_\_

Cortland ID Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Major: \_\_\_\_\_

**DELETE:**

Transfer Institution Name	Course Evaluated (Course Prefix & Number)	Credit Hours	Grade

Credited As (Course Prefix & Number)	Credit Hours

Total Credits: \_\_\_\_\_

Total Credits: \_\_\_\_\_

**ADD:**

Transfer Institution Name	Course Evaluated (Course Prefix & Number)	Credit Hours	Grade

Credited As (Course Prefix & Number)	Credit Hours

Total Credits: \_\_\_\_\_

Total Credits: \_\_\_\_\_

Total transfer credit hours **before** adjustment: \_\_\_\_\_

**After** adjustment: \_\_\_\_\_

Total credit hours toward graduation **before** adjustment: \_\_\_\_\_

**After** adjustment: \_\_\_\_\_

**Reason for adjustment:**

- Deleting credits to allow transfer of new credits on a permission to transfer credit form and stay within limits. If so, semester new credits will be completed: \_\_\_\_\_
- Re-evaluation of a previously transferred course
- Re-evaluation of credits due to change of major
- Other

COMMENTS:

Advisement and Transition/  
Associate Dean Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Completed forms to: Advisement and Transition, Memorial Library A-III, P.O. Box 2000, Cortland, NY 13045  
607-753-4726, fax 607-753-5593

Distribution: Original (scanned); Department file, Associate Dean