

PERMISSION / REQUEST TO TRANSFER GRADUATE CREDIT



Name _____
Last Name First Name Middle / Maiden name Cortland ID Number

Address _____
Street/PO Box City State Zip Code

Telephone _____ E-mail Address _____
Home number Work number

Department _____ Degree Program _____ Advisor _____

Expected date of graduation: MAY 20 _____ AUGUST 20 _____ DECEMBER 20 _____

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 the college catalog description of the course(s) to this form, and if the department requires it, the syllabus which includes meeting times and dates for the course. (Please check to see if your specific department requires the course description and course syllabus.) I understand that I will need to have an official transcript sent to SUNY Cortland, and that a grade of B or better is required for transfer of credit.

Name of Accredited Institution _____ Semester/Session: Year _____ Summer ___ Winter ___ Fall ___ Spring ___

Course Prefix	Course Number	Course Title	Credit Hours	Grade	Transfer Equivalent at Cortland (course title(s) to transfer in as)	Course Prefix	Course Number	Credit Hours

Student's Signature _____ Date _____
Student: Forward to your Graduate Advisor/Coordinator for review and signature.

Graduate Advisor/Coordinator Signature _____ Date _____ APPROVED DENIED
Graduate Coordinators: Forward to the Associate Dean's Office after responding for their review/signature.

Associate Dean's Signature _____ Date _____ APPROVED DENIED

REASON if request is denied _____

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

Distribution: Original (scanned); Student, Department file