



## GRADUATE REQUEST FOR TRANSFER CREDIT APPLICATION

This application is only for graduate students seeking to transfer credits earned from another institution. Credits must be approved by the Program Director of the respective degree program. Student must list the courses taken at the other institution(s) and also submit the course description from the college catalog. An evaluation cannot be made unless a catalog for each institution is submitted. **Please submit the approved application to the Office of Graduate Admissions: 524 West 59<sup>th</sup> Street, New York City, New York 10019.**

### Completed By Student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Student ID: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Degree Program: \_\_\_\_\_ Number of Credits Completed: \_\_\_\_\_

College(s) from which transfer credits is requested:

1. \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_  
College Name Dates of Attendance College Name Dates of Attendance

Student should complete left column for courses taken at other institution(s).

**This Column Completed by Student**

**This Column Completed by Advisor**

Course Name	Grade	Credit		Course Name	Grade	Credit

Program Director's Remarks: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Rec'd By: \_\_\_\_\_ SIMS/FAPINQ Input Date: \_\_\_\_\_