APPLICATION FOR TRANSFER CREDIT
(PRE-APPROVAL)

Name  _________________________________ Date ________________________
Address __________________________________________________________________
SSN or ID# _________________________________

The following considerations are made when evaluating a course for possible transfer credit:
- From an accredited graduate-level institution.
- Similar content to a course that is required for your program.

Final acceptance of transfer credit is conditioned upon the following:
- A minimum grade of “B” attained in the course.
- Receipt of an official transcript from the respective school.

What should accompany this application:
- Course descriptions from either a catalog or syllabus.

Institution/ School at which course(s) will be taken: ______________________________

<table>
<thead>
<tr>
<th>Course(s) to transfer:</th>
<th>AGSC requirement:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>(Course code &amp; title)</td>
<td>(ie. GCN 501, elective)</td>
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Student signature: ______________________________

___________________________________  ___________________________________
(AGSC Director)     (Registrar)

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Nyack, NY  10960
Fax (845) 348-3918

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