APPLICATION FOR TRANSFER CREDIT

Name  _________________________________ Date ________________________
Address __________________________________________________________________
SSN or ID# _________________________________
Degree Program ___________________________ Concentration________________
(if applicable)

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.
- A minimum grade of “B” attained in the course (minimum grade of “C” for ATS).

What should accompany this application:
- An official transcript from the respective school. We refer to official transcript(s) already on file if they have been submitted.
- Course descriptions from either a catalog or syllabus (course syllabus is preferred)

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

<table>
<thead>
<tr>
<th>Course(s) to transfer: (Course code &amp; title)</th>
<th>Nyack/ATS requirement:</th>
<th>Yes</th>
<th>No</th>
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Student signature:  _____________________________________________________

Office Use Only

Approved by:

Registrar  Date  Dean  Date