GRADUATE TRANSFER CREDIT REQUEST
The College of Saint Rose

Check the appropriate request:

- ❑ *Permission to take a course at another institution.*
- ❑ *Permission to transfer coursework taken at another institution.*

_____ _____
Student's Name Student ID #

_____ _____
Graduate Program Advisor

_____
Name/Location of Transfer Institution

_____
Semester Coursework was/will be taken

Please Provide:
Copies of **course descriptions** or a **course syllabus** will provide accurate processing. An **official copy of your transcript** is required to be on file at the Registrar's Office so that any approved transfer credit may be applied to your academic history. Students may only transfer up to one-third of their program from an accredited institution. Please refer to college catalog for time limits on course transfer. **The student must receive a B or better for a course to be considered for transfer.** Graduate level courses taken to meet Bachelor Degree requirements are not applicable for transfer to a Master's Degree Program. It is the responsibility of the student to obtain the necessary signatures for transfer credit approval, incomplete forms will be returned to the student.

I request that credit for the graduate course(s) described below be accepted for transfer to my graduate program at The College of Saint Rose.

_____ _____
Signature ***Date***

Transfer course #	CSR Equivalency (to be filled out by advisor)	Course Title	# Credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Students must obtain the following signatures for approval: Approval_____ Processed_____

_____ _____
Advisor Date

_____ _____
Department Chair Date

_____ _____
School Dean Date

White copy-Registrar Yellow copy-Advisor Pink copy-School Dean Gold copy-student