

GRADUATE CREDIT TRANSFER REQUEST

This request must be accompanied by a Plan of Study.

Name			Student ID			
Address			E-mail			
City			Major			
State			Concentration			
			Expected Graduation Date			
Zip			Expected Graduation Date			
Graduate students may transfer up to 9* credits if:			Mail Official Transcripts to:			
 The course was taken at the graduate level at an accredited institution. A grade of B or better was earned in the course. The course is no older than seven years. 			State University of New York at New Paltz Division of Academic Planning and Learning Innovation Office of Graduate, Professional & Interdisciplinary Studies Old Main 127			
4. Graduate credits taken while an undergraduate at New Paltz will transfer if they meet the above criteria, regardless of			800 Hawk Drive New Paltz, NY 12561-2442			
their prior use to fulfill undergraduate degree requirements. *Some programs may accept more or fewer credits in transfer. Consult your Advisor for more information.			Send Official Electronic Transcripts to: gradstudies@newpaltz.edu			
credi	he recommenda its taken as an u irements. Course#	COURSE TITLE GRADE TERM CREDITS				
1	COOKSL #	COOKSE THEE		GRADE	I LIMI	CKEDIIS
2						
3						
_	Program Approval					
710115	or or rrogram coc	ordinate) udice	Dearror Gradate, Froressional	a meralselp	mary studies	date
On tl	he recommendateres to the condit	te courses taken at a different institution: tion of the advisor or program coordinator, up to nine tions noted above.	* (9) transfer credits may be app	lied to the a	legree provid	ling that the course
_	Course #	Course Title	Institution	GRADE	TERM	CREDITS
1						
2						
3						
New	/ Paltz Equival	ent				
	Course #	Course Title				CREDITS
1						
2						
3						
	am Approval		Concurrence			
Advis	or or Program Coc	ordinator date	Dean of Graduate, Professional	& Interdiscip	linary Studies	date