



\_\_\_\_\_ Student ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Home Address:**

\_\_\_\_\_

Number and Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

(Area code) Home Telephone \_\_\_\_\_ Cell Phone/Other \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**REQUEST FOR TRANSFER CREDIT**  
**NOTE: THIS FORM MUST BE USED FOR POSTING OF ANY TRANSFER CREDIT.**

**APPROVED TRANSFER CREDITS**

	Course #	Course Title	Institution	Grade	Term	Credits
1						
2						
3						

**NEW PALTZ COURSE EQUIVALENT**

	Course #	Course Title	Credits
1			
2			
3			

**REQUEST FOR CHANGE IN PLAN OF STUDY**  
 THE GRADUATE SCHOOL/STATE UNIVERSITY OF NEW YORK AT NEW PALTZ

Major: \_\_\_\_\_

Concentration: \_\_\_\_\_

**CHANGE FROM:** (MUST LIST COURSE # AND TITLE)

**TO:** (MUST LIST COURSE # AND TITLE)

_____	▶	_____
_____	▶	_____
_____	▶	_____
_____	▶	_____
_____	▶	_____

\_\_\_\_\_  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Concurrence: Dean of Graduate School \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_