Use one form per course. Complete the top portion of this form and mail it, along with a copy of the course syllabus, official transcript and other supporting documentation to:

SUNY Empire State College
School for Graduate Studies
Graduate Student Services
111 West Ave.
Saratoga Springs, NY 12866-6069

Please print or type:

Student name ____________________________________________ Student ID # ________________________________

Academic advisor __________________________________________

I request to transfer in the following credits (use one form per course):

Course title_________________________________________________ Number of credit hours _________________________

Institution granting credit (include address):

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Do not write below this line.

Office Use Only

Academic advisor __________________________________________ Date _____________________________

Content specialist _________________________________________ Date _____________________________

Chair of program __________________________________________ Date _____________________________

Official transcript verified _________________________________ Grade issued ________________________________

1. School for Graduate Studies
2. Teacher Education Office
3. Academic Advisor
4. Student