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 ____________________________

Chair of program/coordinator ______________________________ Date ____________________________

Official transcript verified _________________________________ Grade issued ____________________

1. School for Graduate Studies
2. Academic Advisor
3. Student