SUNY ADIRONDACK

Office of the Registrar
Warren Hall

TRANSFER CREDIT PRE-APPROVAL FORM

Banner Student ID#: _____ Date: _____

Name: _____
First Middle/Maiden Last

Address: _____
Street City State Zip

E-Mail Address: _____ Phone #: _____

Major: _ _____ Matriculation Year: _____

DESCRIPTION OF COURSE(S) MUST ACCOMPANY THIS FORM: Course(s) must be taken at a regionally accredited institution of higher education. No more than 34 degree credit hours or 15 certificate hours may be granted as transfer credit for work completed in all of these programs combined. Course(s) must be taken for a letter grade, and transfer credit can only be awarded to courses completed with a grade of "C" or higher. All transfer credits applied to the student's record will appear with a grade of "T" (Transfer).

Course(s) to be taken:

College/University: _____ Semester/Year: _____
Subject: _____ Course #: _____ Title: _____ Credits: _____

(OFFICE USE ONLY) **SUNY Adirondack Course Equivalency:**	**Approval (Check one):** ☐ **Approved** ☐ **Disapproved**
Comments:	

College/University: _____ Semester/Year: _____
Subject: _____ Course #: _____ Title: _____ Credits: _____

(OFFICE USE ONLY) **SUNY Adirondack Course Equivalency:**	**Approval (Check one):** ☐ **Approved** ☐ **Disapproved**
Comments:	

College/University: _____ Semester/Year: _____
Subject: _____ Course #: _____ Title: _____ Credits: _____

(OFFICE USE ONLY) **SUNY Adirondack Course Equivalency:**	**Approval (Check one):** ☐ **Approved** ☐ **Disapproved**
Comments:	

_____ _____ _____ _____
Student ***(signature required)*** **Date** **Assistant Registrar** ***(signature required)*** **Date**

_____ _____
Division Chair **Date**
(signature required for specialized courses only)

Created 5/5/10