UNDERGRADUATE POST MATRICULATION TRANSFER CREDIT FORM

TO BE COMPLETED BY STUDENT

Name ___________________________  Student ID# ___________________________

MAJOR: ___________________________  e-mail: ___________________________

MINOR: ___________________________

*NOTE TO ADVISOR AND STUDENTS*
1. There is a limit of 90 transfer credits.
2. If you repeat a course, you will only receive credit once.
3. You must receive a grade of C- or better.
4. Transfer courses do not meet residency requirement.

Advisor or Department Approval (OPTIONAL – see note below)

Course Equivalencies Found in the Transfer Equivalency Databank
https://p010.albany.edu/tas/

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Transfer School</th>
<th>Term</th>
<th>UA Equivalency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course Equivalencies NOT Found in the Transfer Equivalency Databank

A course description or syllabus is required. Submit this form and syllabus to Registrar's Office – CC B25

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Transfer School</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approval for major(s) or minor(s) core courses: [ ]

Advisor's Signature: ___________________________

Advisor's Name: ___________________________

Dept.: __________________ Phone#: __________________ Date: __________

Note to Advisor: The advisor signature is optional if course appears in the databank. If the student or advisor wishes to have the approval in writing you may sign the form.

Note to Student: Send official transcript after completion of coursework to Registrar's Office – CC B25

University at Albany

Albany, NY 12222

FOR REGISTRAR'S USE ONLY

UA Equivalency: ___________________________

Approved by: ___________________________

Dept.: __________________

Posted: ________

Date: ________

Initials: ________