



ROCKEFELLER COLLEGE
OF PUBLIC AFFAIRS & POLICY
UNIVERSITY AT ALBANY
State University of New York

COURSE TRANSFER FORM

NAME: _____ EMAIL _____

DEGREE/PROGRAM: _____

CONCENTRATION: _____

Course to be transferred in: _____

Where taken and when: _____

Equivalent UAlbany course: _____

Justification for transfer: (Attach a copy of the formal course description, syllabus, tests, and papers, if available.)

Student's Signature

Date

Advisor's Signature

Date

Signature of Professor teaching equivalent UAlbany course

Date

Action: Approved

Disapproved

No Action

Reason:

Signature of Department Chair

Date