

Student's Name: _____ **Albany ID:** _____

To the Applicant: Please provide the information in Column II only, and then return the completed form to the address below.

To the Instructor: The student listed above has applied for admission to the University at Albany. Members of the Transfer Admissions staff would appreciate your indicating this student's academic progress by noting his/her mid-term grades. In the event that mid-term grades are not available, please feel free to respond in the "Comments" section. Please provide this information in Column I. Thank you in advance for your assistance.

Name of College/University: _____

COLUMN I
COLUMN II

Current Grade _____

Credit Hours _____ Course Number _____

 Instructor's Signature
 Comments:

 Course Title

 Instructor's Name (Please Print)

Current Grade _____

Credit Hours _____ Course Number _____

 Instructor's Signature
 Comments:

 Course Title

 Instructor's Name (Please Print)

Current Grade _____

Credit Hours _____ Course Number _____

 Instructor's Signature
 Comments:

 Course Title

 Instructor's Name (Please Print)

Current Grade _____

Credit Hours _____ Course Number _____

 Instructor's Signature
 Comments:

 Course Title

 Instructor's Name (Please Print)

Current Grade _____

Credit Hours _____ Course Number _____

 Instructor's Signature
 Comments:

 Course Title

 Instructor's Name (Please Print)

Return to: **Transfer Admissions, Office of Undergraduate Admissions**
University at Albany
1400 Washington Avenue
Albany, New York 12222