

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/>

Course #	Title	Transfer School	Term	UA Equivalency

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

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

Course #	Title	Transfer School	Term

FOR REGISTRAR'S USE ONLY

UA Equivalency: _____

Approved by: _____

Dept.: _____

Posted: _____
Date: _____
Initials: _____