

Office of the Registrar
 CC B52
 1400 Washington Avenue
 Albany, NY 12222



UNIVERSITY AT ALBANY

State University of New York

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 518-442-5532 (fax)

www.albany.edu/registrar
registrar@albany.edu

UNDERGRADUATE POST MATRICULATION TRANSFER CREDIT FORM

Student Name: _____

Student ID#: _____

Student Major: _____

Student Email: _____

Student Minor: _____

Have you applied to graduate this term?

Yes or No

Note to Departments 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 requirements.

If you have studied or plan to study abroad through another institution, please contact our Office of International Education in the Science Library, room G40.

Course catalog subject and # at Transfer School:	Title of course at Transfer School	Transfer School Name	Term	UAlbany equivalent Catalog # or Requirement to be used for: (for department use only)
Example: PSYC 2600	Intro to Social Psychology	University of Virginia	Summer 2013	APSY 270 or Psychology Minor Requirements-“Select 6 credits”

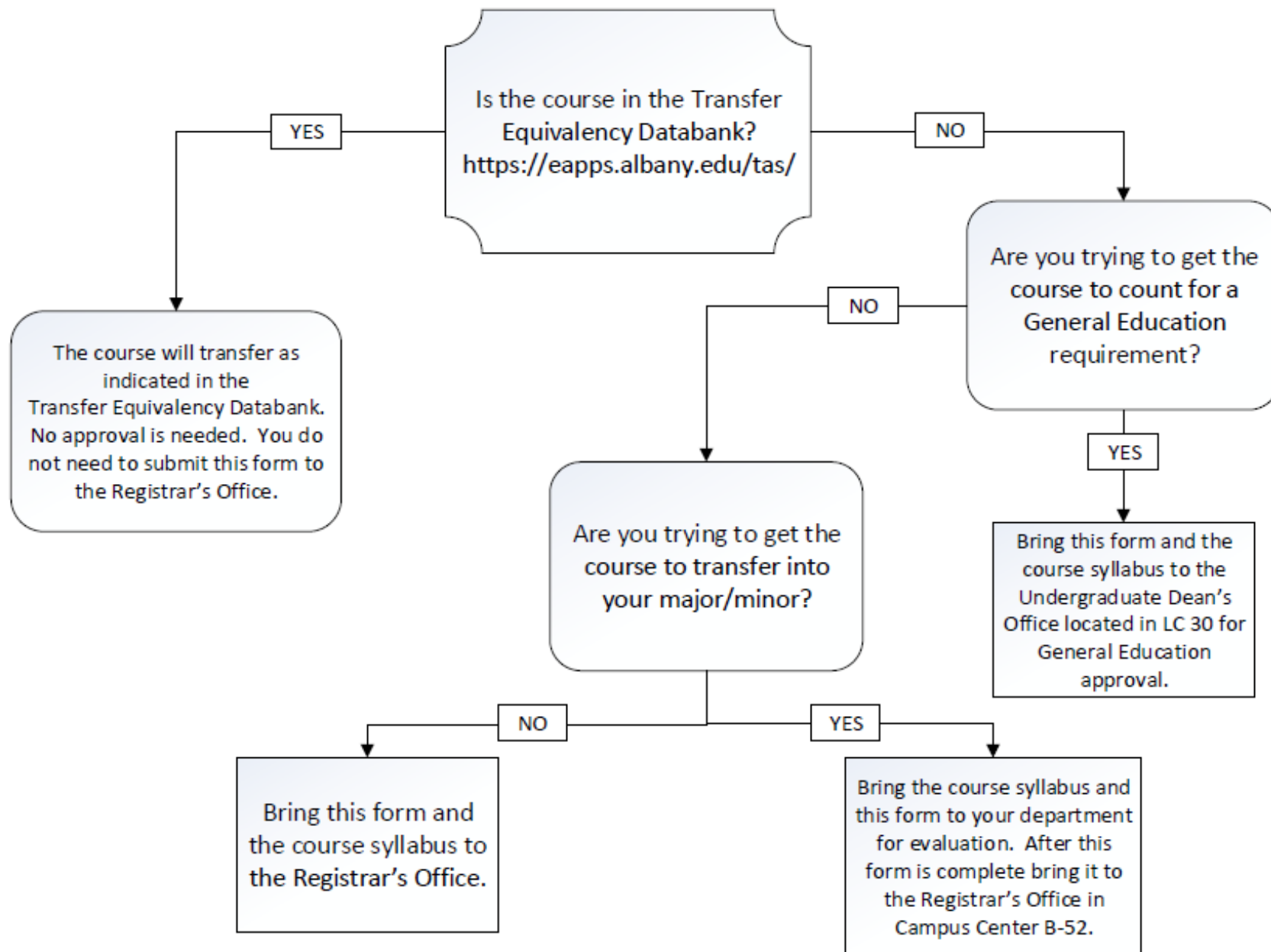
Date: _____

Authorized Department Signature: _____

Department: _____

Printed Name: _____

Department Phone #: _____



Send an Official Transcript with your final grade(s) for the transfer credit(s) to be evaluated to: Registrar's Office, University at Albany, Campus Center B-52, 1400 Washington Avenue, Albany, NY 12222