

APPLICATION FOR GRADUATE STUDIES TRANSFER CREDIT

INSTRUCTIONS: Complete this form and submit it along with a course description to the Office of Recruitment and Admissions. If approved, credits can only be granted if an official transcript is on file with the Office of Recruitment and Admissions. Transcripts may be sent to the address above. You will be notified the department's decision by mail.

TRANSFER CREDIT POLICIES: Graduate courses taken within the last five years at an accredited college or university may be accepted at the discretion of the program coordinator. A maximum of 12 graduate credits in graduate courses, with a minimum grade of 3.0 (B) in each course, may be applied toward a graduate degree from the College of Staten Island.

Graduate Studies Program:			Faculty Advisor:		
Last Name		First	M.I.	Social Security/Empl ID Number	
Number	Street		Apt. #	Home Telephone Number	
City	State		Zip Code	Business Telephone Number / Ext.	
E-mail Address:			@		
Signature: Date:					
Name of College	Course #	Course Title	Credits	Grade	CSI Equivalent (To be completed by the Program Coordinator or Department Chair ONLY)
		DO NOT WRITE B	BELOW THIS LINE	E	
[] APPROVED	[] DENIED	Drogram Coo	rdinator Signature		Date
Number of credits a	oproved for transfer		idinator Signature		Date
[] APPROVED	[] DENIED	Recruitment	and Admissions Staff S	ionature	Date
Number of credits ap	oproved for transfer				Dute