



APPLICATION FOR TRANSFER CREDIT

The Graduate School
Couper Administration Bldg, Room 134
Gradschool.binghamton.edu

Name _____ CREDITS TRANSFERRED FROM:
BU ID# **B** _____ (Official Transcript Required If Not Already On File)
Local Address _____

Department/School _____

COURSES FOR WHICH TRANSFER CREDIT IS REQUESTED

Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____

TOTAL TRANSFER CREDIT HOURS REQUESTED _____

EQUIVALENT BINGHAMTON UNIVERSITY COURSE(S)

Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____
Course Number _____	Course Name _____	Credit Hours _____	Grade _____

TOTAL TRANSFER CREDIT HOURS REQUESTED _____

Approved Disapproved

Approved Disapproved

Department/School Date Dean of the Graduate School Date
(or designee)

Distributed by the Graduate School: CC Registrar Department/School Graduate School Student