



Rockland Campus
 Graduate Registrar
 Nyack College
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 Graduate Registrar
 Nyack College
 2 Washington St
 New York, NY 10004
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**APPLICATION FOR TRANSFER CREDIT
 (PRE-APPROVAL)**

Name _____ Date _____

Address _____

SSN or ID# _____

Degree Program _____

The following considerations are made when evaluating a course for possible transfer credit:

- From an accredited graduate-level institution.
- Similar content to a course that is required for your program.

Final acceptance of transfer credit is conditioned upon the following:

- A minimum grade of "B" attained in the course (minimum grade of "C" for ATS).
- Receipt of an official transcript from the respective school.

What should accompany this application:

- Course descriptions from either a catalog or syllabus (course syllabus is preferred)

Institution/School at which course(s) will be taken: _____

Course(s) to transfer: (Course code & title)	Nyack College requirement:	Yes	No
		(Office Use)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student signature: _____

Office Use Only			
Approved by:			
Registrar	Date	Dean	Date