APPLICATION FOR TRANSFER CREDIT APPROVAL

Name _________________________________ Date ______________

ID# ______________________ Total credits earned _________________

Your Degree Program _____________________ Advisor __________________

Name of School ______________________ 2 Yr. or 4 Yr. (circle one)

Location _________________________________ Semester_____ Yr. ____

In order for a course to be eligible for transfer credit, the following criteria must be met:

- The course must be college level from an accredited institution.
- The course must be approved to cover a course needed for your program.
- An official transcript from the institution must be provided.
- Course descriptions from either a catalog or syllabus are helpful.
- Must earn a C- or better and assigned letter grade. (C for College Writing 2)

Student signature: _________________________________

Cell Phone/Contact Number: _________________________________

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<tr>
<th>Course Number/Title</th>
<th>Nyack College requirement met</th>
<th>Credits</th>
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Advisor Approval _________________________________

Registrar Approval _________________________________

School Fax # (____)_____ - ______________

O:Registrar/regoff/forms/Transfer Credit Applic (8/05)