



Rockland Campus  
 Graduate Registrar  
 Nyack College  
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New York City Campus:  
 Graduate Registrar  
 Nyack College  
 2 Washington St  
 New York, NY 10004  
 (646) 378-6117  
 (917) 237-0399 (fax)

## APPLICATION FOR TRANSFER CREDIT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

SSN or ID# \_\_\_\_\_

Degree Program \_\_\_\_\_ Concentration \_\_\_\_\_  
 (if applicable)

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.
- A minimum grade of "B" attained in the course (minimum grade of "C" for ATS).

**What should accompany this application:**

- An official transcript from the respective school. We refer to official transcript(s) already on file if they have been submitted.
- Course descriptions from either a catalog or syllabus (course syllabus is preferred)

Institution/School at which course(s) were taken: \_\_\_\_\_

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

Student signature: \_\_\_\_\_

Office Use Only			
Approved by:			
_____	_____	_____	_____
Registrar	Date	Dean	Date