



New York City Campus
Registrar
Nyack College
2 Washington Street
New York, NY 10004
(646) 378-6192

servicecenter@nyack.edu

Pre-Approval Application for Transfer Credit

Name: _____ ID#: _____

Date: ____/____/____ Anticipated Graduation Date: _____

Degree Program: _____

Name of Institution to transfer credits from: _____

Institution's Address: _____

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

- The course must be 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 required.
- Check Nyack College for degree specific grade requirements regarding transfer credit.

Student Signature: _____

Daytime phone number where you may be reached: _____

Course Number & Title	Nyack College ATS requirement met	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

There are limits to how many credits may be transferred in to complete a degree. Transfer credits for graduating students should be submitted and completed the semester before graduation.

Advisor/Dean Approval: _____

Registrar's Approval: _____

PLEASE ATTACH COURSE DESCRIPTIONS FOR ALL CLASSES