

PRE-APPROVAL TO TRANSFER CREDITS



Name _____
(Last, First)

CID: _____

Major _____

Advisor: _____

At what University/College do you intend to study? _____ U. S. Abroad*

Semester(s) of Off Campus Study: Fall 20__ only Summer 20__ Winter session 20__
 Spring 20__ only Academic Year 20__ -20__

*If you will be attending a college/university abroad you will also need to fill out an Approval for Study Abroad

Will you be taking other courses at Purchase during the semester checked? Yes No

I will be using Financial Aid to pay for courses Yes No (If yes, you must complete a consortium agreement with the Purchase College Financial Aid office)

Is this an internship in Washington, DC through SUNY Brockport? Yes No (If yes, you must also obtain the Registrar's signature)

Based on course content and title, have you taken any of these courses previously (at either Purchase or another college)? Yes No
If yes, then I understand that I can only receive credit for each course one time. If so, which one(s): _____

Obtain the appropriate signatures according to the category or categories of the course(s) you wish to transfer. Attach course descriptions for each course.

GENERAL EDUCATION, COLLEGE WIDE REQUIREMENT

Course #	Other College Course Title	Cr.	Purchase Equivalent	Gen Ed	Signature of Registrar

MAJOR REQUIREMENT OR FREE ELECTIVES

Course #	Other College Course Title	Cr.	Purchase Equivalent	Major Req.	Signature of Advisor
				Y / N	
				Y / N	
				Y / N	

Student Signature Date

For office use only:
 Accredited? Y / N DARS updated _____
 Credit Type: S / Q / U Date _____