

GRADUATE TRANSFER CREDIT APPROVAL FORM

Office of Registration and Records

DATE: _____

TO: **Kimberly Duquette**
Registration and Records

FROM: _____

DEPT: _____

STUDENT: _____ BANNER ID: _____

PROGRAM: _____

Please evaluate the appropriate transcript on Web Banner for any transfer credit that is to be approved for the above student's graduate program. Once evaluated and approved, please complete the transfer credit award section below with the required information. Submit the form to **Kimberly Duquette**, Office of Registration and Records, to award the transfer credit.

Please be sure to indicate the Brockport course equivalent or substitution for the Brockport course below to update Degree Audit.

TRANSFER CREDIT APPROVAL – PLEASE COMPLETE THE SECTION BELOW.

Transfer course (subject code & number)	From (name of transfer institution)	Equivalent to <u>QR</u> substitute for Brockport course (subject code & number)	Number of Credit Hours To Be Awarded

If no graduate transfer credit is to be awarded, please check this box.

Graduate coordinator/advisor signature

Date

Please feel free to contact me at X **5239** or email at kduquett@brockport.edu if you have questions.
Thank you.