The Graduate School, Stony Brook University
Stony Brook, NY 11794-4433

Transfer Credit Request
Please Type or Print carefully

A maximum of 12 graduate credits may be transferred to a master's program with the approval of the GPD. Doctoral students may transfer those graduate credits allowed by their program. These credits must be from an institution authorized to grant graduate degrees by recognized accredited commission. • *Credits must not have been used to fulfill the requirements for another degree/certificate.* • *Credits must not be more than 5 years old at the time the student is admitted to graduate study at SBU.* • *A course listed as both graduate and/or undergraduate level will not be considered for transfer.* • *Credits must carry a letter grade of B or higher, or the equivalent.* *Please attach an original transcript to all Transfer Credit Request forms.*	*Stamp Date Received by Graduate School*

Student and Institution Information

Program Code (CHE MS, etc.)	Student I.D. No. (*not Social Security #*)	Entrance into Graduate School (circle one) Fall \ Spring \ Summer 20_____
Last Name (Current Name on SB Records)	**First** Name	**Middle** Name

Name of University/College you are transferring credits from	Address of University/College

Do you have a degree from this University? ☐ Yes ☐ No	If yes, indicate the degree earned and date the degree was conferred.

Transfer Credit Information

1. Course code/number:	Course Name:	# of credits:
Grade received	**SBU equivalent (if applicable)**	Signature of SBU Faculty member course has been evaluated by: Date:

2. Course code/number:	Course Name:	# of credits:
Grade received	**SBU equivalent (if applicable)**	Signature of SBU Faculty member course has been evaluated by: Date:

3. Course code/number:	Course Name:	# of credits:
Grade received	**SBU equivalent (if applicable)**	Signature of SBU Faculty member course has been evaluated by: Date:

4. Course code/number:	Course Name:	# of credits:
Grade received	**SBU equivalent (if applicable)**	Signature of SBU Faculty member course has been evaluated by: Date:

Signature of Student _____   **Date:** _____

Department Approval _____   **Date:** _____
  Graduate Program Director or Chair

Complete this form and submit to: The Graduate School, 2401 Computer Science Building, Stony Brook University

❑   **Disapproved**
❑   **Approved**

_____   **Date:** _____
  The Graduate School