Transfer Credit Approval

Graduate Studies, 6th Floor Maytum
Phone: 716-673-4971 Fax: 716-673-3249 Email: gradstudies@fredonia.edu

This form should be filled out if you are requesting to transfer in graduate credit. **A maximum of 9 credits is allowed to gransfer.** REQUESTS FOR TRANSFER CREDIT MUST BE ACCOMPANIED BY COPIES OF THE SYLLABUS AND A COURSE DESCRIPTION FROM THE APPROPRIATE COLLEGE CATALOG.

Please complete this form and return to Graduate Studies

COMPLETE ALL REQUESTED INFORMATION AND OBTAIN ALL REQUIRED SIGNATURES

Legal Name: _____ Fredonia ID_____

On Campus Address: _____Telephone: _____

Permanent Address: _____
Street City State Zip

Current Degree Program_____

Transfer Course Number/Title	**Fredonia Equivalent**
_____	_____
_____	_____
_____	_____

THIS COURSE IS TO BE USED AS A COURSE REPEAT: ☐Yes ☐No

REQUIRED SIGNATURES by the following offices:

Office Name & Location	*Signature*	*Date*
Department Chairperson/Director/Graduate Program Coordinator		
Dean		
Associate Provost for Graduate Studies, 803 Maytum		
Registrar's Office		

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