

School of Professional Development <u>spd@stonybrook.edu</u>

Transfer Credit Request

A maximum of 12 graduate credits may be transferred to a master's program and in most cases a maximum of 6 graduate credits may be transferred to a certificate program (programs may vary for certificate requirements) with the approval of the Graduate Program Director. 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.*

Student Name:			Student ID Number:			Student Primary Program:		
Semester/Year of Matriculation to SBU Graduate Program:			Name of institutional transferring credits from:			Address of institution:		
Do you have a degr	ee from this institution (c	ircle one	E): YES or NO If yes, indicate date the degree was conferm			d:		
Transfer Credit In	formation	r					1	
1. Course code/number: Course		Course	e Name:			# of credits:		
Grade received SBU equivalent (if applicable)		Signature of SBU Faculty member course has been evaluated by: Date:				e:		
Transfer Credit In	formation							
1. Course code/number: Co		Course	e Name:				# of credits:	
Grade received	e received SBU equivalent (if applicable)			Signature of SBU Faculty member course has been evaluated by: Date:				
Transfer Credit In	formation	r						
1. Course code/number: Course			e Name: # of credits:					
Grade received	de received SBU equivalent (if applicable)			Signature of SBU Faculty member course has been evaluated by: Date:				
Transfer Credit Information								
1. Course code/number: Cour		Course	se Name:				# of credits:	
Grade received SBU equivalent (if applicable)			Signature of SBU Faculty member course has been evaluated by: Date:				e:	
Signature of Student Date:								
Signature of GPD or Chair Date:								
For Graduate School & School of Professional Development Use Only:								
Denied & Reason:						Date:		
Approve	ed & Processed:			Date:				
Signature								

School of Professional Development: 2321 Computer Science Bldg.