



OFFICE OF GRADUATE STUDIES

SHUSTER HALL, RM 279
250 BEDFORD RK BLVD WEST
BRONX, NY 10468

Phone: 718-960-8972

APPLICATION FOR TRANSFER OF GRADUATE CREDITS

Name _____ Social Security No. (last 4 digits) _____
Graduate Degree Program _____ Semester of Matriculation _____
Daytime Telephone Number (____) _____ - _____ E-mail _____

Before filling out this form:

- ◆ read the Graduate Bulletin for your year of matriculation concerning transfer of credit regulations
◆ be a current matriculated graduate student at Lehman College
◆ official transcripts from the institution(s) from which you wish to transfer graduate credits must be on file in your records

I. GRADUATE COURSES TAKEN AT LEHMAN WITHIN THE PAST FIVE YEARS:

- A) as a non-matriculated/non-degree student
B) applied toward a previously awarded Lehman master's degree (maximum 6 credits)
C) at the undergraduate level for graduate credit that did not apply towards undergraduate degree

Table with 5 columns: SEMESTER, SUBJECT. & NO., GRADUATE COURSE TITLE, GRADE, CREDITS. Includes a CREDITS SUBTOTAL row for Boxes 1-5.

II. GRADUATE COURSES TAKEN ELSEWHERE WITHIN THE PAST FIVE YEARS:

- A) applied toward a previously awarded master's degree (maximum 6 credits)
B) that have never been applied toward an awarded degree (non-matriculated/non-degree or incomplete degree)

Table with 7 columns: SEMESTER, COLLEGE (Abbreviate), SUBJECT & NO., COURSE TITLE, LEHMAN EQUIVALENT (with subject abbreviation), GRADE*, CREDITS. Includes *GRADES OF "B" OR HIGHER ARE ONLY ACCEPTED, CREDITS SUBTOTAL (Boxes 6-10), and TOTAL TRANSFER CREDITS (Box A + Box B) DO NOT EXCEED 12 CREDITS IN TOTAL.

Return completed form to the Office of Graduate Studies, Shuster Hall Room 275

Student Signature _____ Date _____

Program Advisers Signature _____ Date _____

Program Adviser (PRINT NAME) _____

Office of Graduate Studies Signature _____ Date _____