

Office of Downstate Graduate Programs ▪ Alfred University

COURSE TRANSFER REQUEST FORM

Name _____

Address _____

Phone _____ Email _____

I request that the following graduate course(s) be reviewed for transfer to Alfred University:

COURSE #1

Course Number _____ Title _____

Institution _____

Number of Credits _____ Grade _____ Date Completed _____

Suggestion for AU course substitution _____

OR please determine if this course may be substituted for an Alfred University course

COURSE #2

Course Number _____ Title _____

Institution _____

Number of Credits _____ Grade _____ Date Completed _____

Suggestion for AU course substitution _____

OR please determine if this course may be substituted for an Alfred University course

Student Signature Date

**** Note: courses transferred to the Literacy program can be substituted ONLY for electives ****

PROGRAM USE ONLY

Course # 1 approved: _____ Date: _____

Course #2 approved: _____ Date: _____

Comments: _____