

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: \_\_\_\_\_