

Alfred University

Approval of Graduate Transfer Credit

Student Information:

ID#	Name (last, first, middle initial)	Chosen Name	Program
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Course 1

College or University _____

Course Number _____ Title _____ Credit Hours _____

Grade _____ Date Completed _____

Alfred University Equivalency:

Course Number _____ Title _____ Credit Hours _____

Course 2

College or University _____

Course Number _____ Title _____ Credit Hours _____

Grade _____ Date Completed _____

Alfred University Equivalency:

Course Number _____ Title _____ Credit Hours _____

Graduate Program Director Name: _____

Signature: _____

Date _____