

GRADUATE TRANSFER CREDIT FORM COLLEGE OF ARTS & SCIENCES

STUDENT'S NAME: _____

STUDENT NUMBER: _____ OR SOCIAL SECURITY #* _____

PHONE/CELL: _____ EMAIL: _____

* Only required if no student number is provided.

PRIOR NIAGARA UNIVERSITY CREDIT Maximum: 3 courses / 9credits

**The information required below is available on an undergraduate transcript.
Check with your graduate department or Records to locate a copy.**

SEM/YEAR	DEPT CODE & COURSE #	GRADE	SEM. HRS.	DESCRIPTION
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____

TRANSFER CREDIT

**Maximum for Criminal Justice Administration: 3 courses / 9credits
Maximum for Interdisciplinary Studies: 4 courses / 12credits**

**Official transcripts in a sealed envelope must be mailed or delivered to your graduate department.
Once opened by the department, the transcript(s) should contain the information required below.
3 credit graduate level courses with B grades or higher are required.**

SEM/YEAR	DEPT CODE & COURSE #	SEM. HRS.	DESCRIPTION	UNIVERSITY
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____
____/____	_____	_____	_____	_____

For all transfer credit a departmental official or the Dean's Office must verify the following.

- | | | |
|--|----------------|-------------------------------|
| 1) Official Sealed Transcript | () Yes () No | DEPARTMENTAL SIGNATURE: _____ |
| 2) All Courses are at least 3 credits | () Yes () No | |
| 3) All Courses have B grades or higher | () Yes () No | _____ |

TAKE THE FORM TO THE DEAN'S OFFICE FOR PROCESSING

DEAN'S SIGNATURE: _____ DATE: _____