



Graduate Transfer Credit (For graduate students only)

Request for Transfer Credit(s) will not be reviewed until all documents have been received by the registrar's office. All documents must be received four weeks prior to the start of the term. Clinical Courses are not transferrable.

* Required fields

*First Name: _____
 *Last Name: _____
 *Student ID#: A00 _____
 Daytime Phone #: (____) _____
 Home Phone #: (____) _____
 Rutgers E-mail _____

Mailing Address

*Program of Study (Degree/Specialty) _____

Institution	Course Number/ Level	Course Name	Date/Term	# of Credits	Grade	SN Equivalent Course # and Name	# of SN Credits

Comments:

Students requesting transfer credits must submit official transcripts, course descriptions, a syllabus for each course and any additional documentation; ie: research papers, etc., along with this completed form. Incomplete forms will not be processed.

Student Signature _____ Date _____

Faculty or Asst. Dean: Print Name _____ Signature _____ Date _____

Associate Dean: Print Name _____ Signature _____ Date _____

Approved

Not Approved

Registrar's Office Use Only

Registrar's Staff Signature _____ Date _____

Office of the Registrar • 65 Bergen Street, Room 622 • Newark, NJ 07107
 Phone: 973-972-5531 • Fax: 973-972-2743 • E-mail: Registrar@sn.rutgers.edu