

## TRANSFER CREDIT APPLICATION FORM

Student ID N	umber:		Date:					
Last Name:								
First Name:								
Program:								
<ul> <li>Fill in the section below with information for each course you wish to transfer</li> <li>Only include courses in which you achieved a grade of "C" or higher</li> <li>Complete SEPARATE application forms for each university you attended</li> <li>Only submit once checklist on reverse side is complete</li> <li>Make sure that you have listed ALL courses you wish to transfer here - once completed, your transfer credit evaluation is considered final and may not be revised!</li> </ul>								
University:								
Dates Attended:								
Course code	Course title			Grade achieved	Credits earned			

Course code	Course title		Grade achieved	Credits earned				
CHECKLI	ST:							
Ар	Application form completed							
Syl	Syllabi attached for <u>every</u> course listed							
	Official transcripts received by Touro administration (or proof of request attached)							
Acc	Accreditation of university checked ( <a href="http://chea.org/search">http://chea.org/search</a> )							
OR	OR University holds American regional accreditation WES Evaluation included							
Submit your complete application to your academic advisor								
Signature:		Date Sub	mitted:					