LEHMAN COLLEGE **OFFICE OF GRADUATE STUDIES**
City University of New York
250 Bedford Park Boulevard West, Bronx, NY 10468 **Shuster Hall 275**

APPLICATION FOR TRANSFER OF GRADUATE CREDITS

Name _____ **Social Security No.** _____

Graduate Degree Program _____ **Semester of Matriculation**_____

Before filling out this form you must:

♦ read the *Graduate Bulletin* for your year of matriculation concerning transfer of credit regulations ♦ be a *matriculated* graduate student at Lehman College ♦ provide the Office of the Registrar (Shuster Hall, Room 106) with *official* transcripts from the institution(s) from which you wish to transfer graduate credits

Please apply the following credits toward my Lehman College master's degree.

I. COURSES TAKEN AT LEHMAN AS A NONMATRICULATED STUDENT

SEMESTER TAKEN (within past 5 yrs)	SUBJECT. & NO.	COURSE TITLE	GRADE	CREDITS	
				1	
				2	1
				3	
				4	
				5	
			CREDITS SUBTOTAL (Boxes 1–5)	**A**	

II. OTHER COURSES

A) courses applied toward a previously awarded degree from Lehman or elsewhere (maximum 6 credits)
B) courses taken at institutions other than Lehman

SEMESTER TAKEN (within past 5 yrs)	COLLEGE (Abbreviate)	SUBJECT & NO.	COURSE TITLE	LEHMAN EQUIV. OR ELECTIVE (with subject abbreviation)	GRADE (B OR HIGHER)	CREDITS
						6
						7
						8
						9
						10
				CREDITS SUBTOTAL (Boxes 6–10)		**B**
				TOTAL TRANSFER CREDITS (Box A + Box B) (Not to exceed 12 credits)		

Return completed form to the Office of Graduate Studies, Shuster Hall Room 275

_____ _____
Student Signature Date Out-of-Program Adviser (If required) Date

_____ _____
Program Adviser Date Graduate Studies Adviser Date