PERMISSION TO TRANSFER CREDIT FROM ANOTHER INSTITUTION





Name	C 0 0-		E-mail Address										
Last Name			First Nam	e	Cortland ID Number	r							
Local Address													
Local AddressStreet/PO Box			City		State		Zip Code			Telephone			
Expected date of graduation: MAY 20	AUGUST 20 DECEMBER				ER 20 Department	20 Department Major Code							
Petition to register for courses at					For the Semester/Session: (Check) □	Summer	/□ Wint	er/ 🗆 F	all /□ Sprir	g Year		
Have you submitted another "Permission to	Transfer	Credit" fo	orm for t	he same	semester? Yes No	_	Di	d you tr	ansfer to	SUNY Cort	and? Yes □	No □	
Do N	ed below until you have secured all approvals				How does this course fulfill a degree requirement?								
				Online		T_{\bullet}		- 1	Reg.	Reg. for	GE:	Elective	
Course(s) Title(s) to be Taken at Other Institution to Transfer to Cortland	Course Prefix	Course Number	Credit Hours	Course 🗸	Equivalent Course(s) Title(s) at Cortland	Course Prefix	Course Number	Credit Hours	for Major	Minor or Concentratio	Specify	Credit	
				•					Major	Concentratio	Category		
		ı		I.			Mi	eximum tra	nsfer cred	it approved for	this term:	l	
Notes (for office use only):													
, total (an armad and army)													
IMPORTANT: Check each box to indicate yo													
☐ The policies pertaining to the transferring of c ✓ Cortland may deny transfer credit that	redits fro	m another	institutio	n include:	✓ The Writing Intensive requiremer✓ I cannot take a course at anothe	nt cannot l	oe fulfilled	by course	work trai	nsferred to Co	rtland.	. 1	
✓ Only courses with a grade of C - or be			approved	•	✓ I will not receive transfer credit	for a cours	on white eni se I have alr	eady rece	tuaent te eived crea	acning, practi lit for at Cort	cum or fieldw and.	Ork.	
✓ Transfer courses do not factor into m	y Cortlan	d GPA.			✓ Departments may require that sp	pecific cou	rses must b	e comple	eted at Co	ortland.			
☐ 30-45 credit hours of course work (depending			m) MUST	be compl	eted in residence at Cortland, including at l	least half c	of my major	, minor a	nd/or cor	ncentration co	ursework.		
☐ Approval is granted ONLY for the semester no			d		en de la la companya de la companya	de de de d	/ C.	16					
☐ I must attach a course description from the tr☐ Courses not listed on charts may require addit						rtiand.edu	<u>/ transter-c</u>	reaits					
☐ A maximum of 64 credits from a two-year inst Cortland degree.						0 credits (c	depending o	on your p	rogram ar	nd catalog ter	n) may be ap	plied to a	
☐ I must request an official graded transcript be	sent to C	ortland's R	egistrar's	Office wi	thin one semester of completing the cours	e(s).							
			-0		, ,	-()							
Student's Signature Check, if applicable. I have reached the maxim	um numh	or of trans	for crodit	rs and Lan	Date	dit romov	ad in order	to allow t	tha transf	or of the above	o courco(c)		
Check, ii applicable. Thave reached the maxim	iuiII IIUIIIL	oei Oi tialis	nei creait	s, aliu i di					uie liailsi	ei oi tile abo	e course(s).		
Advisor's Signature					Date		APPROV	ED D	ENIED		ot. Chair or Ass OVAL (Review		
Advisement and Transition					Date		APPROV	ED D	ENIED		- // Lineview	ricedea _j	

Send transcript to:

Send completed forms to: SUNY Cortland Advisement and Transition - Memorial Library, PO Box 2000, Cortland, New York 13045. Phone: 607-753-4726 – Fax: 607-753-5593 SUNY Cortland Registrar's Office, PO Box 2000, Cortland, NY 13045

Distribution of completed form: Student (original), Department