

## State University of New York Downstate Medical Center Office of the Registrar

**Basic Science Building, Room 1-112** 

**Box 98** 

## COLLEGE OF HEALTH RELATED PROFESSIONS AND COLLEGE OF NURSING

## PROGRAM OF STUDY TRANSFER CREDIT APPROVAL FORM

| Print Clearly  |          |               |                 |                          |  |  |
|--|----------|---------------|-----------------|--------------------------|--|--|
| Student Name:  |          |               |                 |                          | Program:   |  |
| First  |          | MI            | Last            |                          |  |  |
| ID #:  |          | Matriculation | n Date (Fill in | ): <b>20</b> S           | Student Box Number:                                  |  |
| Please Note: All courses taken for transfer credit while a student is enrolled at SUNY Downstate Medical Center, must receive final approval from the Associate Dean (Nursing) or the Program Director (CHRP) prior to registration at the Host Institution. Transfer of approved credit earned while a student is enrolled at SUNY Downstate will appear on the transcript as "TR".   |          |               |                 |                          |  |  |
| <u>Undergraduate Students</u> must be in good academic standing and a grade of "C" or above must be attained on all coursework applied toward the degree/certificate requirements.   |          |               |                 |                          |  |  |
| Graduate Students must be in good academic standing and a grade of "B" or above must be attained on all coursework applied toward the degree/certificate requirements.   |          |               |                 |                          |  |  |
| To the Student Complete the information below and bring it to the Associate Dean (College of Nursing) or Program Director (CHRP) of your college for apporval and signature. This is your assurance that your course will be accepted and applied toward your degree requirements if you meet the above conditions. This process must be completed prior to registration at the Host Institution. At the conclusion of the course(s) students are responsible for forwarding official transcripts showing completion of approved credits for transfer to the Office of the Registrar, 450 Clarkson Avenue, Box 98, Brooklyn, NY 11203. |          |               |                 |                          |  |  |
| College Name   | Course # | Course Name   | Credit<br>Hours | Semester &<br>Year Taken | Equivalent SUNY Downstate<br>Course # & Credit Value |  |
|  |          |               |                 |                          |  |  |
| Permission Granted:  |          |               |                 |                          |  |  |
| Course taken prior to Enrollment at SUNY Downstate  Course to be taken while matriculated at SUNY Downstate  |          |               |                 |                          |  |  |
| Approved By Signature of Associate Dean/Program Director   |          |               |                 |                          | Date   |  |
| To the Host Institution Please accept the sealed copy of this form as proof of the above-mentioned student's good academic standing as a matriculated student at SUNY Downstate Medical Center.  |          |               |                 |                          |  |  |

Original: Office of the Registrar

1st Copy: Student 2nd Copy: Program (Retain copy once signed)