

## Credit Transfer Request Form

Students must submit the following:

1. Credit Transfer Request Form; 2. Official transcripts showing courses requested to be transferred must be on file in Office of the Registrar. If not, official transcripts must be sent directly to the Office of the Registrar.
3. The course syllabi for each course requested to be transferred.

^ Clinical Psychology   ^ Clinical Health Psychology   ^ School Clinical Child Psychology   ^ Mental Health

Student's Name: \_\_\_\_\_ YU ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

INSTITUTIONS AT WHICH COURSES WERE TAKEN (If taken at more than one Institution, coordinate each course with the attending Institution).

Institution Name	Year	

Institution	Dept. and course number	Course Title	Credits	Grade	YU Course Equivalent	Professor Signature*

\*Professor signature of YU equivalent\*

Total transfer credits \_\_\_\_\_

Date \_\_\_\_\_ Signature of Academic Advisor \_\_\_\_\_

Date \_\_\_\_\_ Signature of Dean \_\_\_\_\_

Date \_\_\_\_\_ Signature of Registrar \_\_\_\_\_