



Rockland Campus:
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New York City Campus
Office of the Registrar
335 Broadway / 93 Worth St
New York, NY 10013-3904
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APPLICATION FOR TRANSFER CREDIT APPROVAL

Name _____ **Date** _____

ID# _____ **Total credits earned** _____

Name of School _____ **2 Yr. or 4 Yr. (circle one)**

Location _____ **Semester** _____ **Yr.** _____

Degree Program _____ **Advisor** _____

In order for a course to be eligible for transfer credit, the following criteria must be met:

- The course must be college level from an accredited institution.
- The course must be approved to cover a course needed for your program.
- An official transcript from the institution must be provided.
- Course descriptions from either a catalog or syllabus are helpful.
- Must earn a C- or better and assigned **letter grade**. (C for College Writing 2)

Student signature: _____

Course Number/Title	Nyack College requirement met	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisor Approval _____

Registrar Approval _____

School Fax # (____) _____ - _____