



### OFFICE OF THE REGISTRAR

### Application for Transfer Credit Toward a Graduate Degree

Only upon receipt of the Transfer Request Form, Transcript, School Catalog, or copy of Course Description will the student's request be acted upon. The student will be notified, in writing, by the office of the Registrar when a Decision has been reached.

School \_\_\_\_\_ Department \_\_\_\_\_ Program \_\_\_\_\_

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Name \_\_\_\_\_ YU ID # \_\_\_\_\_  
PRINT LAST FIRST MIDDLE STARTS WITH # 800 OR 999

Student's Address \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_ CITY STATE ZIP

Degree Sought \_\_\_\_\_ Credits for this degree \_\_\_\_\_

Institutions at which courses were taken: (If taken at more than one institution, coordinate each course with the attending institution.)

1. \_\_\_\_\_ Year \_\_\_\_\_
2. \_\_\_\_\_ Year \_\_\_\_\_
3. \_\_\_\_\_ Year \_\_\_\_\_

Where Taken	Dept. & No.	Course Title	Credits	Grade	YU Course Equivalent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

#### FOR OFFICE USE ONLY

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

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

**Beren Campus:** 215 Lexington Avenue, 6th Floor, New York, NY 10016 | P: 212.340.7777 | F: 212.340.7837 | E: berenregistrar@yu.edu  
**Brookdale Center:** 55 Fifth Avenue, C1040, New York, NY 10003 | P: 212.790.0295 | F: 212.790.0341 | E: brookdaleregistrar@yu.edu  
**Resnick Campus:** 1165 Morris Park Avenue, Bronx, NY 10461 | P: 718.430.3943 | F: 718.430.3960 | E: resnickregistrar@yu.edu  
**Wilf Campus:** 500 West 185 Street, Room 114, New York, NY 10033 | P: 212.960.5274 | F: 212.960.0004 | E: wilfregistrar@yu.edu