

*Alfred University-Division of Education
Graduate Program in Literacy – Downstate
Course Transfer Request*

Student's Name _____

Address _____

Phone _____ Email _____

I am requesting that the following graduate course(s) be reviewed for transfer to Alfred University.

Course #1

Course Number _____ Title _____

Number of Credits _____ Grade _____ Date Completed _____

College or University at which course was completed:

I request that this course be reviewed for equivalency to:

_____ 3 credit required program course: _____

OR

_____ 3 credit program elective: _____

Course #2

Course Number _____ Title _____

Number of Credits _____ Grade _____ Date Completed _____

College or University at which course was completed:

I request that this course be reviewed for equivalency to:

_____ 3 credit required program course: _____

OR

_____ 3 credit program elective course/equivalency for: _____

Student Signature

Date

Reviewed by _____

Date _____

Accepted _____ Denied _____