

# TRANSFER CREDIT EVALUATION REVIEW SHEET

Academic Advisement and Orientation Center  
SUNY College at Oneonta

Please print your name and address in the box below as you wish it to appear in a window envelope

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student ID # \_\_\_\_\_

Graduation Date MM/YY \_\_\_\_\_

Majors/Concentration \_\_\_\_\_

Date \_\_\_\_\_

***This form is for review of specific transfer course/s for SUNY Oneonta course equivalency.***

1. Attach course description(s) from the TRANSFER INSTITUTION.
2. Fill in the information below.
3. Make an appointment with the appropriate Department Chairperson to review this request.

<b>WHAT COLLEGE DID YOU TRANSFER FROM?</b>	<b>WHAT WAS THE NUMBER &amp; TITLE OF THE COURSE AT YOUR PREVIOUS COLLEGE</b>	<b>WHAT IS THE PROPOSED SUNY ONEONTA COURSE EQUIVALENT?</b>	<b>ONEONTA ATTRIBUTES</b>

*DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENTAL USE ONLY*

\_\_\_\_\_ *The course/s initialed above is/are equivalent to SUNY Oneonta course/s. This course should be added to the articulation file for every student transferring with this class in the future.*

\_\_\_\_\_ *The course/s above is/are to be made equivalent for this particular student only in this particular case.*

\_\_\_\_\_ *The course/s above is/are not equivalent to the course/s requested on this sheet.*

\_\_\_\_\_ DEPARTMENTAL APPROVAL/DISAPPROVAL (circle one)

\_\_\_\_\_ DATE

EDUCATION MAJORS - NEED EDUCATION DEPARTMENT APPROVAL/DISSAPPROVAL

DATE

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signing

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