



Undergraduate Transfer Credit Petition To The Faculty

Name (print) _____ Signature _____

Local address _____ ID# _____

Date _____

Email address _____ Program of study _____

Request: Transfer the following course work from _____
to fulfill the ESF requirements listed below.

Semester course was/will be completed _____

Transferring college course number (ex ENG101) or AP, IB or CLEP test name	Equivalent ESF course number (ex EWP190)	ESF course name	Type of course
			<input type="checkbox"/> Required <input type="checkbox"/> Free elective <input type="checkbox"/> Directed elective <input type="checkbox"/> General education <input type="checkbox"/> Other
			<input type="checkbox"/> Required <input type="checkbox"/> Free elective <input type="checkbox"/> Directed elective <input type="checkbox"/> General education <input type="checkbox"/> Other
			<input type="checkbox"/> Required <input type="checkbox"/> Free elective <input type="checkbox"/> Directed elective <input type="checkbox"/> General education <input type="checkbox"/> Other

Justification for request

The courses listed above are reasonably equivalent in course content. Course descriptions are attached. If course work is being transferred from another SUNY to fulfill a general education category: Is the course(s) on the approved general education list at that campus? YES NO

Please have an official transcript emailed to registrar@esf.edu or mailed to SUNY ESF Registrar, 1 Forestry Drive, 111 Bray Hall, Syracuse, NY 13210 with your grade(s).

You must receive a grade of C or higher.



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Recommendations

Advisor/Major Professor

Signature _____ Comments _____

Date _____ Approved Disapproved _____

Undergraduate Curriculum Coordinator

Signature _____ Comments _____

Date _____ Approved Disapproved _____

Department Chair

Signature _____ Comments _____

Date _____ Approved Disapproved _____

Final action

Please submit to 227 Bray Hall or email to esfgrad@esf.edu

Signature _____ Comments _____

Date _____ Approved Disapproved _____