

**TRANSFER CREDIT PETITION TO THE FACULTY
SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY**

Name (Print) _____
 Local Address _____

 Email Address _____
 Program of Study _____

Signature _____
 ID # _____
 Date _____
 Undergraduate Graduate

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

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 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.

RECOMMENDATIONS

Advisor/Major Professor
 Signature _____ Approved _____ Comments _____
 Date _____ Disapproved _____

Faculty Committee/Coordinator
 Signature _____ Approved _____ Comments _____
 Date _____ Disapproved _____

Faculty Chairman
 Signature _____ Approved _____ Comments _____
 Date _____ Disapproved _____

FINAL ACTION

Please submit to 227 Bray Hall. Student will receive notification of final action by mail.

Signature _____ Approved _____ Comments _____
 Date _____ Disapproved _____

Recorded SRS _____