

Transfer Credit Request Form

Matriculated SUNY Potsdam students must obtain campus approval prior to taking courses hosted at another institution in order to evaluate transferability and applicability to degree requirements. SUNY Potsdam tuition may be applied to courses which are essential for on-time graduation and are taken at another SUNY institution. For more information on Cross Registration and Off-Campus Study, including important information regarding transfer credits, grades and financial aid, please visit <https://www.potsdam.edu/about/offices/registrar/cross-registration>

Instructions

- Student fills all applicable fields outlined in **blue**. Advisor or Department Chair fills the remaining fields.
- Transfer course equivalencies may be found at https://bearpaws.potsdam.edu/pls/prod/yhwwkwags.P_Web_Artic_Guide. **Requests for courses not on the tables must be accompanied by a copy of the course description.**
- Student and Advisor, or Department Chair, must sign the appropriate signature line toward the bottom of the form. It is advised that students reach out to their advisor first. If they do not hear back from their advisor after two weeks, please contact the department chair.
- After receipt of this form, the Registrar's Office will email the student's potsdam.edu account with notification about cross registration or other off-campus study eligibility. The email will include further instructions explaining how to proceed. If the student does not receive an email, please contact us at registrar@potsdam.edu to confirm receipt of this form.

Student Name _____ Student ID (P#) _____

Major _____ Host institution _____

Semester and year for course(s) _____

Rationale for requesting off-campus study _____

Course # & Title at Host Institution	Cr.	Transfer Course Equivalency (Potsdam)	Does course fulfill requirement for Major, Minor, GE, Elective or none?	Is course essential for on-time graduation? Yes / No	Is there a non-conflicting equiv. available at Potsdam? Yes / No	Advisor or Dept. Chair Initials

Signatures

By signing below, you are indicating that you have reviewed the information provided on this form and it is accurate to the best of your knowledge.

Student _____ Advisor or Department Chair _____

For Office Use Only: Approved Denied Reason(s) _____

Please return the completed form to One Stop, Raymond 4th floor or via email at onestop@potsdam.edu .

