UNDERGRADUATE TRANSFER COURSE APPROVAL
The College of Saint Rose

Instructions for using this form

1) Fill out the personal and proposed course information parts of the form and bring to Registrar’s office to determine equivalency. Please use one form per proposed course.
2) Have the form signed by your Academic Advisor.
3) Have the form signed by the appropriate Dean.*
4) Bring the form back to the Registrar’s office for processing. If approved, we will email your copy to your Saint Rose email address.

Transfer Policies

1) Only pre-approved courses will be accepted for transfer. Courses will not be transferred in without a completed form on file.
2) Approved courses will be accepted for transfer provided a grade of “C-” is earned and the course does not duplicate courses completed at Saint Rose. Courses cannot be taken on a Pass/Fail basis.
3) Grades at other colleges are not calculated into your Saint Rose GPA and are not counted toward the residency credit requirement.
4) Several majors, minors, and concentrations have transfer restrictions. Please consult the college catalog for restrictions in your discipline.
5) Proper placement scores are needed if you are requesting to transfer in a math or science course which requires the Math Placement exam.
6) It is the responsibility of the student to request that an official transcript be forwarded to The College of Saint Rose Registrar’s Office.

Personal Information

Name & Student ID ____________________________ Local phone number ____________________________ Major/Concentration ____________________________

Proposed Course Information

Name & Location of College ____________________________ Semester & Year to be taken ____________________________

Course Prefix & Number ____________________________ Title & Credit Hours ____________________________ Saint Rose Equivalency ____________________________

This course will be used to meet the following degree requirement (Check one):

☐ Major ☐ Liberal Education ☐ Concentration ☐ Minor ☐ General Elective

Briefly explain why you must take this course at another institution –

___________________________________________________________________________________________

Required Signatures

Student ____________________________ Date ____________________________

Advisor ____________________________ Date ____________________________

*Dean ____________________________ Date ____________________________

Registrar ____________________________ Date ____________________________

*For Major, Liberal education or General Elective courses see the Dean of your school.
*For Minor or Concentration courses, see the Dean that oversees that subject area.