Print Clearly

Student Name: ________________________ Program: ____________________________
First MI Last
ID #: ____________________ Matriculation Date (Fill in): 20__ Student Box Number: ___

Please Note: All courses taken for transfer credit while a student is enrolled at SUNY Downstate Medical Center, must receive final approval from the Associate Dean (Nursing) or the Program Director (CHRP) prior to registration at the Host Institution. Transfer of approved credit earned while a student is enrolled at SUNY Downstate will appear on the transcript as "TR".

Undergraduate Students must be in good academic standing and a grade of “C” or above must be attained on all coursework applied toward the degree/certificate requirements.

Graduate Students must be in good academic standing and a grade of “B” or above must be attained on all coursework applied toward the degree/certificate requirements.

To the Student
Complete the information below and bring it to the Associate Dean (College of Nursing) or Program Director (CHRP) of your college for approval and signature. This is your assurance that your course will be accepted and applied toward your degree requirements if you meet the above conditions. This process must be completed prior to registration at the Host Institution. At the conclusion of the course(s) students are responsible for forwarding official transcripts showing completion of approved credits for transfer to the Office of the Registrar, 450 Clarkson Avenue, Box 98, Brooklyn, NY 11203.

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<tr>
<th>College Name</th>
<th>Course #</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Semester &amp; Year Taken</th>
<th>Equivalent SUNY Downstate Course # &amp; Credit Value</th>
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Permission Granted: □ Yes □ No

☐ Course taken prior to Enrollment at SUNY Downstate ☐ Course to be taken while matriculated at SUNY Downstate

Approved By ____________________________ ____________________________
Signature of Associate Dean/Program Director Date

To the Host Institution
Please accept the sealed copy of this form as proof of the above-mentioned student’s good academic standing as a matriculated student at SUNY Downstate Medical Center.

Original: Office of the Registrar 1st Copy: Student 2nd Copy: Program (Retain copy once signed)