



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

ASPIRE. ENGAGE. EXCEL.

Name _____

Banner ID _____ Date _____

Major _____ Advisor _____

Transfer Institution _____

Notice of Award of Transfer Credit/Office of Academic Advisement

USE ONLY FOR COURSES ALREADY COMPLETED AT OTHER INSTITUTIONS

When completed, please return to the **Office of Academic Advisement**.

Please make the following change(s): _____ For this student only.

_____ For all students.

IMPORTANT! Choosing “For all students” will affect decisions made by future and current Brockport students and advisors and by transfer counselors at other colleges.

In order to apply to all students, the information below will be **input to the transfer articulation database** and, when appropriate, will be **added to the Transfer Planning Guide on the Academic Advisement website** that is used for planning by students and for advisement by counselors and advisors.

To maintain consistency of information, **this form requires the approval of the department chair or the advisement coordinator of the department.**

Transfer Course Number	Transfer Course Title	<u>Exact Brockport Equivalent</u> Please See Note Below	<u>No Exact Brockport Equivalent.</u> (Check only the columns that apply.)					
			Lower Div Course	Upper Div Course	Lib Arts Credit	Non Lib Arts Credit	Major Elective	Minor Elective

NOTE: Exact Brockport Equivalent: If there is an exact equivalent, no other columns need to be filled in.

Please refer students who wish to receive General Education credit for a course to the Office of Academic Advisement.

Departmental Approval:

Must be signed by either the chair or the advisement coordinator of the department

Signature

Print name

Received in Academic Advisement by _____ Date _____