

APPLICATION FOR ACCEPTANCE OF TRANSFER CREDITS

New York Medical College

Graduate School of: Basic Medical Sciences School of Health Sciences & Practice



Last name _____ First _____ Student ID# _____

Degree _____ Program _____

Name & Location of the College/University from which courses are transferring from _____

Please provide this information exactly as it appears on the transcript.
List all courses for which transfer credit is requested.

INCOMING COURSE					EQUIVALENT NYMC COURSE		
Semester/ Year Taken	Subject/ Catalog #	Course Title	Grade	Credits	Subject/ Catalog #	Course Title (Indicate if elective or course equivalent)	Credits Accepted
Total Credits:					Total Credits Accepted:		

Maximum credits transferable: MS-6 MPH-9 PHD-12

- Please be sure to:
1. Attach a course description or course syllabus (include text and author for GSBMS).
 2. Request an official transcript from the school you are transferring credits from if it is not on file with Admissions or Registrar.
 3. Submit paperwork to Admissions for new students/Submit to Program Director for continuing students.

Program Director's Signature _____ Date _____ Dean's Signature _____ Date _____