



Records & Registration
 115 South St
 Middletown, NY 10940
 Telephone: 845-341-4140
 Fax: 845-342-8662

Request for Change of Transfer Credit Evaluation

- ❖ *Transfer Students requesting a change to his or her transfer credit evaluation must complete this form*
- ❖ *There must be a legitimate academic reason for a request of removal, exchange, or addition of transfer credits*
- ❖ *Any supporting documentation such as a detailed course description or a course syllabus for the institution at which the course in question was completed must be attached to this completed form*
- ❖ *Incomplete forms will not be processed*

Student Name:	Student ID: A
Major:	Telephone Number:

Transfer Institution: _____

Course Number(s) and Title(s): _____

Academic Reason for Change (REQUIRED): _____

I understand that once transfer credits are awarded they will remain on my transcript unless awarded in error or a change in program resulted in certain credits no longer being applicable. I understand that if I submit a request to remove transfer credits from my record, if approved, I cannot request to have those credits reinstated.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approved
 Denied
 Incomplete

Comments/Notes: _____

Signature: _____ Date: _____