

**Division of School Psychology
Alfred University
Graduate Program in School Counseling – Downstate**

Course Transfer Request

Student's Name _____

Address _____

Phone _____ **Email** _____

I am requesting that the following graduate course(s) be reviewed for transfer to Alfred University.

Course #1

Course Number _____ **Title** _____

Number of Credits _____ **Grade** _____ **Date Completed** _____

College or University at which Course was Completed:

Alfred University Course to be Substituted for _____

OR

____ **I would like the program to determine the course to be substituted.**

Course #2

Course Number _____ **Title** _____

Number of Credits _____ **Grade** _____ **Date Completed** _____

College or University at which Course was Completed:

Alfred University Course to be Substituted for _____

OR

____ **I would like the program to determine the course to be substituted.**

Student Signature

Date