OFFICE OF THE GRADUATE REGISTRAR BELFER BUILDING – Room 202 Tel: (718) 430-8682 | Fax: (718) 430-8655 gradregistrar@einsteinmed.edu

TRANSFER CREDIT OR COURSE EXEMPTION REQUEST FORM

IMPORTANT: Student must provide the syllabus and related course information, as well as evidence of successful completion of exams and course requirements (official grade) to the graduate course leader in order for them to determine equivalency.

Note: Transfer credit is not available for students who have received credit for a prior master's degree.

Exemption provides a waiver from a particular required graduate course and is not equivalent to transfer credit.

Name:	Banner ID:			
Concentration:	Program:	PhD	MSTP	Other
ORIGINAL COURSE INFORMATION:				
Previous Institution Name:				
Course #, Title:				
Semester/Year Taken:		Credits:		Final Grade:
Student Signature	Date	<u> </u>		
EINSTEIN GRADUATE COURSE EQUIVALEN	<u>NT</u> :			
Course Title:				
Course Leader(s):	Subject/Course #:			
COURSE LEADER'S RECOMMENDATION: (choose one)		NSFER CREDIT		COURSE EXEMPTION
Course Leader Signature	Date			
ASSOCIATE DEAN FOR GRADUATE PROGR	AMS:			
TRANSFER CREDIT APPROVED		COURSE E	EXEMPTION	APPROVED
Assoc. Dean for Graduate Programs Signature	Date			
For Graduate Office Use Only:				
Transfer Credit/Exemption Applied to Academic Record on :		by		