

**JOHN JAY COLLEGE OF CRIMINAL JUSTICE
OFFICE OF THE REGISTRAR
GRADUATE DIVISION**

Request for Transfer Credit

Date _____ SSN _____

Name _____ Matric Non-Matric

Home Address _____

College(s) from which transfer credit is requested: (1) _____

(2) _____ (3) _____

Date(s) of attendance _____ No. of credits completed at John Jay to date _____

Page no. _____ Catalog has has not been submitted.

Note: Students are advised that an evaluation cannot be made unless a catalog is submitted.

TO BE FILLED IN BY STUDENT:

Courses taken at other institution(s)

TO BE COMPLETED BY ADVISOR:

Equivalent courses or Elective credit allowed.

| Course Name & No. | Grade | Credit | Course Name & No. | Grade | Credit |
|-------------------|-------|--------|-------------------|-------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Advisor _____

Remarks:

White
Registrar's Office

Yellow
Program Department

Pink

Graduate Admissions

Gold
Student