

Graduate School of Biomedical Sciences Office of the Registrar One Gustave L. Levy Place Annenberg Building-Room 1330 Box 1257 New York, NY 10029-6574

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EVALUATION FORM FOR TRANSFER OF CREDIT

Name						Date				
	LAST			FIRST						
Life Number			Academic Program			E-Mail Address				
Students who have completed graduate courses elsewhere may receive transfer credits for courses that fit within the training goals of their current programs. The courses, the Mount Sinai Program equivalent, place taken, number of credits, and grade received (plus documentation in the form of an official transcript) must be attached or already on file in the Registrar's Office. For PhD and MS in Biomedical Sciences, requests for transfer credits should be made after the student has been matriculated for at least one semester so that the request can be made in the context of the student's initial performance and mastery in the Mount Sinai Graduate School.										
Institution										
Course #										
Course Title										
Grade					Cred	lit Hours				
ISMMS Equivalent										
Institution										
Course #										
Course Title					_					
Grade					Cred	lit Hours				
ISMMS E	quivalent									
Instit	cution									
Cour	se #									
	e Title				1					
	ade				Cred	lit Hours				
ISMMS E	quivalent									
					TOTAL CI	REDIT HOURS				
Com	ments									
Student's	Signature							Date		
	Signature Candidates)							Date		
Progra	DEMIC APPROVA m Director / ciate Dean	L REG	OUIRED:		Approved			Not Date	Approved	
FOR REGISTRAR'S	OFFICE USE ONLY									
Date of Receipt:			Date Processed:							