

 $\begin{array}{c} \textit{Graduate School of} \\ \textit{Biomedical Sciences} \end{array}$ 

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## **EVALUATION FORM FOR TRANSFER OF CREDIT**

Name				Date	
	LAST		FIRST		
Life Number		Academi Program	-	E-Mail Address	s
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 <b>official</b> 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.					
To a Lite					
Institution Course #					
Course #					
Grade				Credit Hours	
ISMMS Equivalent				Credit Hours	
Institution					
Course #					
Course Title					
Grade				Credit Hours	
ISMMS Equivalent					
Institution					
Course #					
Course Title					
Grade				Credit Hours	
ISMMS Equivalent					
				TOTAL CREDIT HOURS	
Com	ments				
Student's Signature					Date
	S Signature Candidates)				Date
ACADEMIC APPROVAL RE Program Director / Associate Dean		AL REQUIRED:		Approved	Not Approved  Date
FOR REGISTRAR'S OFFICE USE ONLY					
Date of Receipt:			Date Processed:		