



**RUTGERS**

Graduate School of Applied  
and Professional Psychology

**APPLICATION FOR TRANSFER OF CREDIT**

TO: REGISTRAR

FROM: DEAN'S OFFICE, GRADUATE SCHOOL OF APPLIED & PROFESSIONAL  
PSYCHOLOGY

DATE:

NAME:

RUID:

GRADUATE  
PROGRAM:

ADMISSION DATE:

**SUMMARY OF ALL PREVIOUS COLLEGE EDUCATION:**

Institution	Location	Degree	Attendance Date(s)

**TRANSFER OF CREDIT REQUESTED:**

University	Title of Course	Course No	Credits	Grade	Semester/Year Taken

Total Credit Transfer Requested (cannot exceed 30)_	
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**SIGNATURES:**

Student:	Date:
Department Chair:	Date: