

*Long Island University- Post Campus 2015-2016
Clinical Psychology Doctoral Program*

Application of Course Transfer

Part I: To be completed by Student

Name: _____

Student ID: _____

Requested Course to be Transferred*
University: _____
Course Name/Number: 1) _____
2) _____ (ex: PSY 1243 -011)
Semester/Year Taken** : _____ (ex: Fall 2005)
Number of Credits: _____
Box 1

Transfer Requested to Satisfy PsyD Program Course Requirement:
PSY _____ (all 800-level)
Course Name: _____
Number of Credits (circle): <u>1 credit</u> <u>2 credits</u> <u>3 credits</u>
Box 2

*if multiple courses are being transferred for one PsyD course, indicate this in the "student comments" section below and clearly indicate which courses in box 1.

**Course must be a course you took, not one you taught. Documentation from a graduate transcript must be included for the credits to be applied to your account. Credit totals must match.

I am hereby, applying for a course transfer waiver. Enclosed please find a copy of my transcript and descriptive information in support of this request. (Copies of Transcript and supporting documents, attached).

Student Comments:

Grade received: _____

Student Signature: _____

Date: _____

Advisor Comments: _____

Advisor Signature: _____

Date: _____

Sent to Instructor (name): _____

Date sent: _____

Part II: To be completed by Instructor Approved Not Approved

Cannot determine based on documents provided, student should resubmit with below listed documents

Instructors Comments: _____

Instructor's signature: _____

Date: _____

Part III: Doctoral Training Committee Approval

Approved

Not Approved

Clinical Psychology Doctoral Program Director's Signature

Date

Copies to: Student File in PsyD Offices, Student, Registrar (if approved)