



Yeshiva University

REGISTRAR • FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

1165 Morris Park Ave, Rousso 128A | Bronx, NY 10461 | Phone 646 592 4515 | Fax 718 430 3960 | E-mail resnickregistrar@yu.edu

Credit Transfer Request Form

Students must submit the following:

1. Credit Transfer Request Form; 2. Official transcripts showing courses requested to be transferred must be on file in Office of the Registrar. If not, official transcripts must be sent directly to the Office of the Registrar.
3. The course syllabi for each course requested to be transferred.

Clinical Psychology Clinical Health Psychology School Clinical Child Psychology Mental Health

Student's Name: _____ YU ID #: _____

Mailing Address: _____

Phone: _____ Email: _____

INSTITUTIONS AT WHICH COURSES WERE TAKEN (If taken at more than one Institution, coordinate each course with the attending Institution).

Institution Name	Year	Term

Institution	Dept. and course number	Course Title	Credits	Grade	YU Course Equivalent	Professor Signature*

Professor signature of YU equivalent

Total transfer credits _____

Date _____ Signature of Academic Advisor _____

Date _____ Signature of Dean _____

Date _____ Signature of Registrar _____