



Robert F. Wagner Graduate School of Public Service

**The Puck Building
295 Lafayette Street
New York, New York 10012**

PH.D. TRANSFER CREDIT FORM

TO: Jose Pineiro, Assistant Registrar

Date: _____

RE: Request for Transfer Credit

STUDENT'S NAME: _____ **ID#** _____

The specific courses for which transfer credit is to be awarded are listed below and on the attached *official* transcript.

Course #	Title	Credits

Signature of Faculty/Program Advisor

Date

Approved by Director of PhD Program

Date

Original: Registrar
Copy: Student File