



**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