Complete all requested information on this form. Additionally, attach a copy of the course syllabus from the
transfer university department or faculty member teaching the course and a photocopy of the complete course
description from the transfer university’s most recent catalog/bulletin. A separate application for transfer credit as
well as the necessary materials must be submitted for each individual class that you are attempting to transfer to
Binghamton University. Submit the materials directly to the SOM advising office as early as possible and no later
than two full weeks before the course starts.

If the course petition is approved, you may proceed to take the course with assurance that credit will be
transferred. If it is denied, you will not receive transfer credit for the course. A copy of this form will be returned
to you with the decision.

Transfer credit will be granted for approved courses if you have received a grade of "B" or better. Have the
transfer institution registrar forward an official transcript to the SOM Advising Office so that the credits can be
verified and included as transfer credit. Only the credit hours transfer; grades from other institutions do not
transfer or impact your Binghamton University GPA. Students may petition to transfer up to 8 graduate credits
in lieu of comparable MBA course credit, and eight credits toward the MS if these credits have not been applied to
another degree.

NAME__________________________________     ID#_____________________________________________
LOCAL ADDRESS_______________________    TRANSFER INSTITUTION_________________________
_____________________________________________________________________________________
TELEPHONE:____________________________

COURSE FOR WHICH TRANSFER CREDIT IS REQUESTED:          EQUIVALENT BINGHAMTON UNIVERSITY
                                                                 MANAGEMENT COURSE:
_____________________________________________________________________________________

Course Name & Number:_________________________         Course Name & Number:________________________
Course Title: _________________________            Course Title: ___________________________
Number of Credit Hours:_____________               Number of Credit Hours:______________
APPROVED:____            APPROVED:____
DENIED:____             DENIED:____
SOM Faculty Reviewer            Date          Program Director          Date
(if necessary)

For Office Use Only:               Mailing Address: SOM Advising Office
Date/Time Received_______________________                                Binghamton University
                                                                 PO Box 6015
                                                                 Binghamton, NY 13902-6015