



NURSING COLLEGE CREDIT FORM FIRST-TIME STUDENTS

Thank you for your interest in Alfred State's nursing program. We appreciate your considering Alfred State for your future education. In order to assist us with the application review, could you please list any coursework you have completed or anticipate taking prior to the start of the semester for potential transfer credit. Check all that apply, supply requested details, and email the completed form to admissions@alfredstate.edu. **Please note that the Admissions Office will not proceed with the review of your application until this completed form is returned in the envelope provided.**

_____ ***Coursework taken through a college or university.***

Name of college/university: _____
Course names/numbers: _____

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Course names/numbers: _____

_____ ***Advanced Placement (AP) courses.***

Please list name of all courses:

_____ ***International Baccalaureate (IB) exams.***

Please list all IB subjects:

_____ *College Level Examination Program (CLEP) exams.*

Course names:

_____	_____
_____	_____
_____	_____

_____ I have not completed nor do I anticipate taking any coursework for potential transfer credit prior to the start of the semester.

Go to www.alfredstate.edu/transfer-students for additional information on transferring credits to Alfred State.

I understand that failure to provide complete and accurate information may result in a change to my semester course schedule should I be accepted. If accepted, I also understand that depending on the amount of transfer credit it may be necessary for me to study part-time while enrolled in the Nursing program at Alfred State.

Name: _____ Date: _____

Date of Birth: ___/___/___