



This section should be completed by the student and submitted to the DGS or Program Director.

STUDENT NAME Last:	First:	M <input type="checkbox"/>	F <input type="checkbox"/>
STUDENT PID C00	STUDENT UNI	FIRST TERM OF REGISTRATION	
<input type="checkbox"/> M.A. only	<input type="checkbox"/> M.A./M.Phil./Ph.D.	DEPARTMENT OR PROGRAM	
NAME OF PREVIOUS INSTITUTION		DEGREE SOUGHT	
DATES ENROLLED AT ABOVE INSTITUTION		DATE DEGREE AWARDED (IF APPLICABLE)	

STUDENT SIGNATURE _____

DATE _____

This section must be completed by the DGS or Program Director and submitted to the GSAS Office of Student Affairs (107 Low Library or gsas-studentaffairs@columbia.edu).

For M.A. or Ph.D. Students:

This student has previously completed graduate courses that fulfill certain program requirements. I have reviewed this student's request and recommend that GSAS grant _____ points of Transfer Credit and _____ Residence Unit(s), **in recognition of the following courses:**

To the extent possible, please review course descriptions, syllabi, and final exercises required for the course(s) listed above. For further information, see gsas.columbia.edu/node/29.

For Ph.D. Students only:

This student has previously received an M.A. degree that fulfills the GSAS M.A. requirement for the Ph.D. degree, and I recommend that GSAS grant 2 Residence Units and _____ points (equivalent to the total points for the department's en route M.A.).

Additional comments:

SIGNATURE OF DGS OR PROGRAM DIRECTOR _____

PRINTED NAME AND TITLE _____

DATE _____

For GSAS use

DATE ENTERED _____

BY _____