



TOURO COLLEGE - OFFICE OF THE REGISTRAR

227 West 60th Street New York, NY 10027
Tel: (212) 287-3500

Transfer Credit Evaluation

Date: _____ Semester: _____

Name: _____ ID#: _____ Prog/Ext _____

Address: _____ SS#: _____

City: _____ State: _____ Zip: _____ Placement: Math: _____ English: _____

Accredited Non-Accredited Foreign Other: _____ Permit: Y N

Institution: _____ Code: _____ Dates of Attendance: _____

VISITING/PRIOR INSTITUTION (OR EXAM)

COURSE EQUIVALENTS AT TOURO

Course Number	Title	Credit/Grade	Dept./#	Title	Credit	Sig./Date

EVALUATED BY: _____ EXT: _____ DATE: _____ TOTAL CREDITS: _____

ENTERED BY: _____ DATE: _____ COMMENTS: _____

Please Note: Each Major Department reserves the right to deny the transfer of specific courses required for a student's major. Thus, you should arrange to meet with your advisor immediately to discuss your evaluations and fill out the Major Concentration Form that will be your degree plan. **NOTE: At least 30 credits must be completed at Touro College.** The college cannot guarantee that all requirements can be met within these 30 credits.