Long Island University- CW Post Campus Clinical Psychology Doctoral Program

Application of CourseTransfer/Waiver

Part I: To be completed by Student

:	Social Security No.:
Requested Course to be transferred	Requested Course to be Waived
University:	Psy
Course No. & Name:	Course Name:
Number of Credits:	Number of Credits:
I am hereby, applying for a course transfer wa information in support of this request. (Copies of	iver. Enclosed please find a copy of my transcript and descriptive. Transcript and supporting documents, attached).
Student Comments:	
Student Signature:	Date:
Advisor Comments:	
Advisor Signature:	Date:
Sent to Instructor (name):	Date sent:
Part II: To be completed by Instructor Instructors Comments:	
Instructor's signature:	Date
Part III: DTC Approval	
□ Approved	Not Approved
Clinical Psychology Doctoral Program Director's	Signature Date