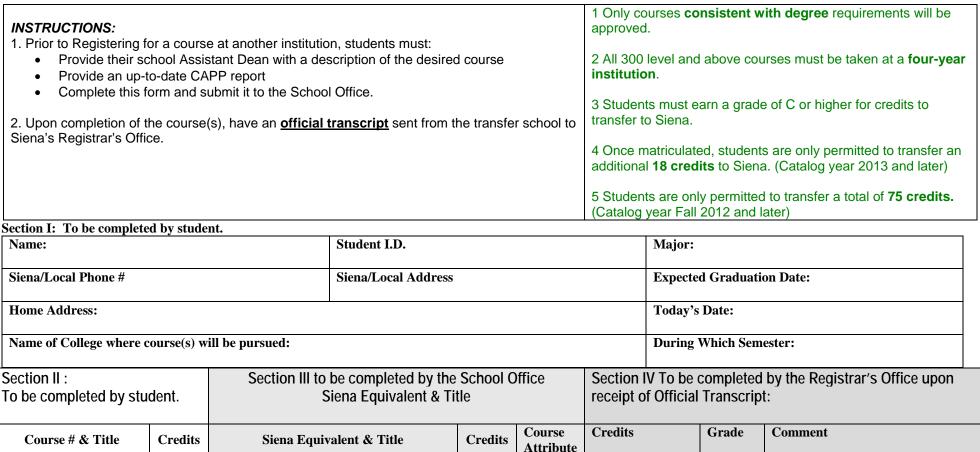
Siena College TRANSFER CREDIT PERMISSION FORM



		1		Attribute			
Please indicate whether credits		No more thanof the above credits are to be entered			Number of credits posted by Registrar's Office		
are		on the student's record.			Date posted by Registrar:		
Semester Hours					Credits posted by:		
Quarter Hours		Signature of Assistant Dean:			Registrar's Office signature:		
Other					-		
Distribution: Registrar's Office,							
School Office, Student		Date:			Date:		