



**BUFFALO STATE**  
The State University of New York

**Transfer Course "Swap" Form**

Office of Admissions  
Moot Hall 110

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Banner #: B \_\_\_\_\_ Major: \_\_\_\_\_

Buffalo State E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Most Recently Started at BSC: Spring Summer Fall Year: \_\_\_\_\_

Are you swapping courses to bring in courses through Off-campus Study, Western NY cross-registration, or SUNY cross-registration? \_\_\_\_\_ Yes \_\_\_\_\_ No

**(Please use previous school's course code, i.e. MAT101, NOT Buffalo State's course code)**

Courses to Remove	# of Credits	Name of School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses to Add	# of Credits	Name of School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student : \_\_\_\_\_

***Please return this completed form to the Office of Admissions (Moot Hall 110).***