

Financial Aid and Student Records
Admissions Center, Room 112
PO Box 6000 Binghamton, New York 13902-6000 W n BT 0 g /TT2 1 Tf 18 0 0 18 542.62 677.62 Tm ()Tj ET Q q 0 0 612

Section B:

This section is to be completed and signed by the appropriate academic representative(s).

† According to current academic policies, the courses noted in Section A **are required** as prerequisites for admission in a degree program offered at:

Indicate which one applies: † Binghamton University (Graduate only)
 † Other **Institution*** (please list school below)

OR

† According to current academic policies, the courses noted in Section A **are not required** as prerequisites for admission in a degree program offered at:

† Binghamton University (Graduate only)
† Other **Institution*** (please list school below)

Undergraduate student:

Obtain approval and sign-off from an academic advisor at the prospective institution:

Advisor Name (printed): _____ Advisor Email: _____

Advisor Signature: _____ Date: _____

*Name of Other Institution: _____

*Other Institution Advisor Name & Email (if questions) _____

Graduate student:

Obtain approval and sign-off from the Director of the Graduate Program at Binghamton University* or an academic advisor at the prospective institution:

Advisor/Director Name (printed): _____ Email: _____

Advisor/Director Signature: _____ Date: _____

*Binghamton Graduate Program (*if applicable*): _____

^Name of Prospective Institution (*if applicable*): _____