

Application for Course Articulation for SMD Graduate Students

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| --- | --- |
| Name: | Enter text. |
|  |  |
| URID: | Enter text. |
|  |  |
| Program: | Enter text. |
|  |  |
| Phone #: | Enter text. |
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|  |  |

Course(s) requested for internal articulation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Code** | **Course #** | **Grade** | **Credit Hours** | **Course Title** |
| Text | Text | Text | Text | Enter text. |
| Text | Text | Text | Text | Enter text. |
| Text | Text | Text | Text | Enter text. |

Program Director Signature Date

Submit this completed form to [Grad\_Registrar@urmc.rochester.edu](mailto:Grad_Registrar@urmc.rochester.edu) or Graduate Education and Postdoctoral Affairs, Box 316, Room G-9556.