



# UNDERGRADUATE AUTHORIZATION FOR TRANSFER OF CREDIT

## Conditions for Acceptance:

- Course description(s) should accompany this form. Each course must be approved by the appropriate Chairperson of the Marywood department, the student's academic advisor or department Chairperson, the Study Abroad Office (if applicable), and the University Registrar.
- An official transcript must be requested by the student from the institution where course(s) have been completed and sent to the address shown at left.
- Grade achieved must be C or better.
- Approved courses will be transferred; however, grades earned will not be calculated in the quality point average at Marywood University.
- **Students entering Marywood in the Fall 2018 semester and later must complete the last 30 credits of their degree program at Marywood University.**

### Marywood University

Office of the Registrar  
 2300 Adams Avenue  
 Scranton, PA 18509  
 Phone: (570) 348-6280  
 Fax: (570) 961-4758  
 E-mail: registrar@maryu.marywood.edu  
 Website: www.marywood.edu

All information is required and must be printed or typewritten.

### Student Information (to be completed by the student)

Last Name	First Name	Student Identification Number
Major/Program	Credits Earned at Marywood University	Current Q.P.A.

### Institution and Course Information (to be completed by the student and Department Chairperson)

Visiting Institution Course Information			Marywood University Information	
Department	Course Number	Course Title	Course Equivalent	Chairperson's Signature

Reason for completing course(s) elsewhere: \_\_\_\_\_

### Student's Certification

I affirm that I have read the above stated transfer of credit policy and understand and accept these conditions.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

### Administrative Certification

This is to certify that the student identified above is currently enrolled at Marywood University and is in good academic standing. The student is granted permission to pursue the course(s) listed above.

Student's Academic Advisor/Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Study Abroad Office (For Study Abroad Students Only) \_\_\_\_\_ Date \_\_\_\_\_

University Registrar \_\_\_\_\_ Date \_\_\_\_\_