



Marywood University
 Office of the Registrar
 2300 Adams Avenue
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 Fax: (570) 961-4758
 E-mail: registrar@maryu.marywood.edu
 Website: www.marywood.edu

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.
- When the credit is applied to the Marywood academic record, a fee of **\$25.00 per course** will be charged to the student account (*This fee does not apply to students studying abroad or to courses completed at another university prior to enrollment at Marywood*).
- **Students entering Marywood in the Fall 2018 semester and later must complete the last 30 credits of their degree program at Marywood University.**

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)

Institution Name			Session	
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. ***I authorize my student account to be charged \$25.00 for each course applied to my academic record.***

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 _____