

GRADUATE TRANSFER CREDIT APPROVAL FORM

ACAD-HISTORY-P

Print clearly and use black ink (no pencil). The form must be completed in full per transferred course. Do not leave any fields blank.

Student Royal ID	Student Name	
Term (check one) Regular: <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Spring <input type="checkbox"/> Summer Special: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year	Degree Program
Student's College <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> PCPS	Department	

See the Graduate Studies Catalog for Complete Graduate Transfer of Credit Policy.

Name of Accredited Institution		
Course Subject/Number/Title (Course must be a graduate-level course.)		
Course Grade (Must be B or better. P/F not permitted.)	Course Credits	Course Year (Must be within six years.)
University of Scranton Course Equivalent Subject/Number/Title		

Student Signature _____

Date _____

Approval Signatures	Recommended	Not Recommended	Date
Mentor			
Program Director			
College Dean			

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall, Second Floor.

(For ORAS use only)

Course added to student record
 TC grade
 \$100 Fee assessment
 Update CAPP
 Student notified
 Scan to student record

Processed by: _____ Date: _____