Transfer of Credit to another Institution Policy

The University of Scranton recognizes that, from time to time, there are people who wish to take graduate level courses for transfer to their home institution. Typically, they seek such a route in order to complement their graduate program at their home institution. As a result, a Special Admission category was developed and the following policies govern this status.

To be considered for this status at The University of Scranton you must:

1) Be a student in good standing in a graduate program at an accredited university.
2) Complete a Transfer of Credit to another Institution application form.
3) Submit a letter from the Dean or Registrar at your home graduate school verifying your status as a student in good standing at that institution.

All applications for this status will be reviewed by appropriate Graduate Program Directors and the Office of Graduate Admissions, who will decide upon your admission application and inform you promptly of your status.

University of Scranton degree-seeking graduate students will have priority in courses where space and/or facilities are limited. Students lacking course prerequisites must obtain written authorization from individual instructor(s) in order to register for such a course.

Admission to this status is limited to one academic year and students may not elect more than nine (9) credits in any one graduate department while in this status.

Students are subject to all regulations that apply to matriculated degree-seeking graduate students, including the requirement that they maintain an overall grade point average of 3.0 in all courses elected.

Courses taken for transfer to another institution will be recorded on a graduate transcript and may be subsequently counted toward a graduate degree should you later gain regular admission to a degree program at The University of Scranton. Admission to Transfer of Credit status should in no way be construed as a guarantee of subsequent admission to a degree program.

Students in this status are not eligible for graduate assistantships or financial assistance.

The University of Scranton reserves the right to terminate a student in the event that University policies or regulations are violated.
APPLICATION FOR TRANSFER OF CREDIT TO ANOTHER INSTITUTION STATUS

Name ______________________________________________________________________

Last                                                  First                                                MI
Maiden Name (if applicable) ______________________________________________________

Date of Birth ______________________                  Gender:   Male _____    Female _____
Month        Day        Year

Permanent Address (Mailing Address)
Street ____________________________________________Apt. No.___________________
City, State, Zip ________________________________________________
County _________________________________

Telephone (        ) _________________________            Cell (    ) _________________________
E-mail address ______________________

Country of Citizenship __________________________

Term applying for (circle one):

    Fall 20 _____      Intersession 20 _____      Spring 20 _____      Summer 20 _____

Area of Proposed Study: ______________________________

Educational Background
Please indicate the institution and graduate program you are attending.

________________________________________________________________________________

________________________________________________________________________________

Reason(s) for Application
Please indicate your reason(s) for seeking the Transfer Of Credit To Another Institution Status of admission.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Ethnic Information

This section should be completed by U.S. citizens and eligible non-citizens only:

Are you Hispanic or Latino?
☐ Yes ☐ No

Check one or more of the following groups you consider yourself to be a member:

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or other Pacific Islander
☐ White

I certify that I have read the policy governing Transfer of Credit and agree to the terms and conditions stated in the policy.

_________________________________________ ____________________________
(Applicant’s signature) Date

Please do not write below this line.

Department Recommendation:
☐ Admit ☐ Not Admit

_________________________________________ ____________________________
(Chair/Program Director’s signature) Date

Office of Graduate Admissions Recommendation:
☐ Admit ☐ Not Admit

_________________________________________ ____________________________
(Office of Graduate Admissions’ signature) Date

July 2011