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 of your status.

The 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 Special 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) ______________________________________________________

Social Security No. ______________________                 Gender:   Male _____    Female _____

Date of Birth ___________________________

Month        Day        Year

Permanent Address

Street ________________________________________ Apt. No.________________________

City, State, Zip _________________________________________________________________

County _________________________________

Telephone (        ) _________________________      E-mail address _______________________

Current Address

Street ________________________________________ Apt. No.________________________

City, State, Zip _________________________________________________________________

County _________________________________

Telephone (        ) _________________________      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 (use the reverse side of this application if you require additional space in which to write).

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
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

November 2009