

Print clearly and use ink (no pencil).

REQUEST FOR UNDERGRADUATE CREDIT - NO CREDIT OPTION

ACAD-HISTORY-T

Royal ID		Name							
Class* ☐ Junior *Freshman and Sopho	☐ Senior	College □ CAS	□ KSOM		□ PCI	Cell Ph	none #		
Major Minor				Concentration					
Scranton Email Addres	s					l			
I have read the policy	for taking cours	es under the Credit	- No Credit	t Option	and re	quest to take t	he following cour	rse:	
Course Subject/Number				Course Title					
CRN				Instructor					
Year				Term □ Fall □ Intersession □ Spring Summer □ S1 □ S2 □ S3 □ S4 □ S5					
Student Signature				Date					
Authorization by Aca	demic Dean:								
□ Yes □ Yes □ Yes □ Yes	☐ Yes☐ No☐ Verification that earned cred☐ Yes☐ No☐ Verification that course will				67 or higher (Banner form SHATERM) edits total at least 60 (Banner form SHATERM) Il be used to fulfill free elective or free cognate allowances are not exceeded				
Approval Signature						Approved	Not Approved	Date	
Academic Dean									
Return the completed fo	rm to the Office o	f the Registrar and A	cademic Ser	vices, O	'Hara H	all.		•	
ORAS Office Use				Signature Date				Date	