

## 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.**

<i>(For ORAS use only)</i>	
<input type="checkbox"/> Course added to student record <input type="checkbox"/> TC grade <input type="checkbox"/> \$75 Fee assessment <input type="checkbox"/> Update CAPP <input type="checkbox"/> Student notified <input type="checkbox"/> Scan to student record	
Processed by: _____	Date: _____