



**Marywood**  
UNIVERSITY  
*Lead On.*

**Marywood University**

Office of the Registrar  
2300 Adams Avenue  
Scranton, PA 18509  
Phone: (570) 348-6280  
Fax: (570) 961-4758  
E-mail: registrar@maryu.marywood.edu  
Website: www.marywood.edu

# Undergraduate Authorization for Transfer of Credit

**Conditions for Acceptance:**

- Course description(s) should accompany this form. Each course must be approved by the appropriate Chairperson of the Marywood department, the student's academic advisor or department Chairperson, the Study Abroad Office (if applicable), and the University Registrar.
- An official transcript must be requested by the student from the institution where course(s) have been completed and sent to the following address:
  - **Marywood University**
  - **Office of Academic Records**
  - **Liberal Arts Center 90**
  - **2300 Adams Avenue**
  - **Scranton, PA 18509-1598**
- Grade achieved must be C or better.
- Approved courses will be transferred; however, grades earned will not be calculated in the quality point average at Marywood University.

**All information is required and must be printed or typewritten.**

**Student Information** (to be completed by the student)

Last Name	First Name	Student Identification Number
Major/Program	Credits Earned at Marywood University	Current Q.P.A.

**Institution and Course Information** (to be completed by the student and Department Chairperson)

Institution Name			Session	
<b>Visiting Institution Course Information</b>			<b>Marywood University Information</b>	
Department	Course Number	Course Title	Course Equivalent	Chairperson's Signature

**Reason for completing course(s) elsewhere:** \_\_\_\_\_

**Student's Certification**

I affirm that I have read the above stated transfer of credit policy and understand and accept these conditions.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Certification**

This is to certify that the student identified above is currently enrolled at Marywood University and is in good academic standing. The student is granted permission to pursue the course(s) listed above.

Student's Academic Advisor/Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Study Abroad Office (For Study Abroad Students Only) \_\_\_\_\_ Date \_\_\_\_\_

University Registrar \_\_\_\_\_ Date \_\_\_\_\_