



**Marywood**  
UNIVERSITY  
*Lead On.*

**Marywood University**

Office of the Registrar  
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Fax: (570) 961-4758  
E-mail: registrar@maryu.marywood.edu  
Website: www.marywood.edu

**GRADUATE AUTHORIZATION FOR TRANSFER OF CREDIT**

**Conditions for Acceptance:**

- Course description(s) should accompany this form. Each course must be approved by the student's Department Chairperson.
- An official transcript must be requested by the student from the institution where course(s) have been completed and sent to the address shown at left.
- Grade achieved must be B or better.
- Approved courses will be transferred; however, grades earned will not be calculated in the quality point average at Marywood University.
- When the credit is applied to the Marywood academic record, a fee of **\$25.00 per course** will be charged to the student account (*This fee does not apply to students studying abroad or to courses completed at another university prior to enrollment at Marywood*).

**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		

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

Institution Name	Session	Year
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Visiting Institution Course Information		
Department	Number	Title

Marywood University Equivalent Course		
Department	Number	Title

**Student's Certification**

I affirm that I have read the above stated transfer of credit policy and understand and accept these conditions. ***I authorize my student account to be charged \$25.00 for each course applied to my academic record.***

Signature of Student	Date
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**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.

Department Chairperson	Date
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