

APPLICATION FOR APPROVAL TO TRANSFER CREDIT

Note: A meeting with your advisor to discuss your application is recommended to assure application for appropriate courses. You must present a description of the course(s) you wish to take at an outside institution along with this completed form to the Registrar for review. To insure transferability, all courses taken off-campus must be approved by the Registrar prior to enrollment. A minimum of 5 working days is required for the review of your request.

Student Name: _____ SS# _____ Phone: _____
 Address: _____
 _____ City _____ State _____ Zip _____
 LC Student Major: _____ Current LC GPA: _____
 Today's date: _____ Semester you plan to attend _____
 Name of college you plan to attend: _____
 Address of college _____
 _____ City _____ State _____ Zip _____

I am aware of and agree to the following:

1. I am limited to receiving a maximum of **nine (9) transfer credits** after Matriculation.
2. Transfer credit will be awarded only for those approved courses in which I earn a **"C-" or better grade.**
3. I will not receive transfer credit for those courses equivalent to courses already completed at LC with a passing grade.
4. **Grades earned at other institutions are not calculated into my LC Grade Point Average.** Transfer is awarded and applied as credit only. **If I wish to repeat a course in which I received a F, D or D+, I must fill out the Application to Repeat Course in Transfer form.**
5. If I am a graduating senior, or a student on academic probation/suspension, approval by the Dean of Student Services is necessary.
6. All course prerequisites must be met.
7. Approval presumes successful completion of all currently enrolled courses.
8. Requests involving developmental coursework approval must also be approved by the Director of Developmental Education.
9. I assume responsibility for meeting graduation requirements.
10. Upon completion of the course I will request that my transcript be forwarded to the **Lackawanna College Registrar, 501 Vine Street, Scranton, PA 18509.**

Director, Dev. Ed (where applicable) _____ Date: _____
 Student Signature _____ Date _____

STUDENT: COMPLETE ONLY COURSE AND TITLE INFORMATION for requested courses:

Course #	Title	# Credits	LC Equiv.	Type	Approved	Date

Director of Developmental Education (where applicable) _____ Date _____
 Registrar _____ Date _____
 Dean of Student Services (if applicable) _____ Date _____