



TRANSFER CREDIT APPROVAL FORM (INCLUDING STUDY ABROAD PROGRAMS)

- Advance approval of transfer courses is required. Signatures of faculty advisors and the chairperson of the department in which the transfer course is located must be obtained prior to submitting this form to the Academic Advisement Center (AAC).
- _____ External courses are accepted as transfer credit and are not included in GPA calculations. Only courses with grades of "C-" or better will be transferred. Pass/Fail grades are not allowable.
- _____ Grades earned in study abroad or exchange programs sponsored by Nazareth College are included in GPA calculations.
- No more than 8 credit hours or 2 courses may be taken in any one 5 or 6 week summer session.
- No more than 1 course may be taken in an intersession.
- Please consult the Academic Policies and Procedures Handbook or the AAC website for additional information concerning transfer credit policies.

Name: _____ ID#: _____	
Last	First
Phone: _____ E-mail: _____	
HOME ADDRESS	LOCAL ADDRESS OR NAZARETH COLLEGE BOX #
Street: _____	Street: _____
City, State, Zip: _____	City, State, Zip: _____

Major(s): _____ Hours earned: _____ GPA: _____

Advisor(s): _____ Anticipated graduation date: _____ Today's date: _____

Transfer College: _____
(Name and location of college where courses will be taken)

Courses will be completed during: Fall 20__ Intersession 20__ Spring 20__ Summer 20__

TRANSFER COURSE (Note: Course must be a credit-bearing course at an accredited institution)		CR. Hours	Nazareth Course #	Repeat*	Degree Completion	Major	Minor	Core	Required for future Degree	Personal Enrichment	Other (Explain below)	DEPARTMENT APPROVAL
Course #	Course Title											
1												
2												
3												
4												
5												

*Are you repeating a course? Yes No Nazareth Course Number: _____ Original Grade: _____
(Note: Successful completion of an approved transfer course will not replace the Nazareth grade, but can satisfy requirements for major, core, etc.)

Approval Signatures:

Faculty Advisor(s): _____ Date: _____

Transfer Credit Evaluator: _____ Date: _____

Comments: _____

Copies: Student Registrar Financial Aid Center for International Education Advisor(s)