Alvernia University
Transfer Credit Approval Form

It is your responsibility to accurately complete and return this form to the Registrar's Office **prior to** enrolling in any course at another college. Please follow these steps:

1. Attach a copy of the course's catalog description to this form,
2. Obtain the signature of the Department Chair who oversees the Alvernia College course equivalent (eg. Nutrition is under Biology),
3. Obtain the signature of your academic advisor, and
4. Return this form to the Registrar's Office.

_____ _____ _____
Student's Name (please print) Alvernia ID # Majors(s) and Minors(s)

will enroll at _____ _____ during _____/_____
College's Name City/State term year

in _____ _____ _____
Course # Course Title Alvernia College course equivalent

_____ _____
Signature Approval: Department Chair of Alvernia equivalent **Signature Approval: Academic Advisor**

Please note: Forty-five (45) of the last sixty (60) credits in your program must be earned at Alvernia University. Violation of this policy will void the transfer of credit.

My signature indicates that I understand the transfer policy and that the above information is true and accurate. I also understand that only a grade of "C" or higher will transfer.

_____
Student's Signature Date

Revised 9/08