

Alvernia University Undergraduate 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 University 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 University 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.

Grade does not transfer in; therefore it will not affect GPA.

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