Clarion University of Pennsylvania

Course Transfer Request for Enrolled Undergraduate Students

To ensure proper placement of transfer credits taken at another institution, students enrolled at Clarion University are strongly encouraged to request written permission from their college dean to take courses at another institution for transfer back to Clarion.
*Please note: Graduate students are not permitted to use this form.

Students should follow the steps below:

1. Student provides course catalog description(s) from the transferring institution to accompany this request. Course equivalency information is available to students & faculty on **www.pacollegetransfer.com**
2. The college dean submits the completed form to the Office of the Registrar (122 Carrier). Students should verify that this is approved ***prior*** to registering for the course that is to be transferred.
3. Once courses are completed, the student must request the transferring institution send an **official sealed transcript** directly to Clarion University, Office of the Registrar, 840 Wood Street, Clarion University, Clarion, PA 16214.

Students should be aware of the following:

Clarion's transfer policy

1. We will accept all courses earned with a C or better from regionally accredited colleges except developmental/remedial courses.
2. Credits are transferable, but grades and quality points are not.
3. Grades and quality points for courses taken elsewhere do not transfer and **cannot be used as repeats for grades** previously earned at Clarion.
4. A minimum of 30 of the last 45 credits required for graduation with a baccalaureate degree must be taken through Clarion University. At least fifty percent of major credits must be earned through Clarion.

For questions please contact the Office of your College Dean http://www.clarion.edu/976.

Name _____ Clarion ID _____

Address _____

_____ _____ _____ Phone _____
City *State* *Zip Code*

Date _____ E-mail _____ Major _____

Advisor Name _____ Expected Date of Graduation _____

Transferring Term _____

Transferring Institution _____

Subject/Catalog#	Course Title	Qtr Hrs*	Sem Cr

***Qtr credits will be converted to semester credits by multiplying by 2/3**

Clarion Equivalents
(Check equivalency on **www.pacollegetransfer.com**)

Course No.	Course Title	Sem Cr

Notes: _____

Approvals

Before signing to approve course equivalency verify that the request is valid.

_____ _____
Advisor Date

_____ _____
Department Chair of Student's Major Date

_____ _____
College Dean of Student's Major Date

PLEASE NOTE:
Upon course completion, student must request the transferring institution send an ***official sealed transcript*** directly to Clarion University, Office of the Registrar, 840 Wood Street, Clarion, PA 16214.