



LACKAWANNA COLLEGE
501 VINE STREET
SCRANTON, PA 18509

Application for Approval to Transfer Credit

Student Name: _____ Student ID # or Last 4 digits of SS#: _____
Please print

Phone number: _____ Cell Phone Number: _____

Address: _____
Street address City State Zip code

Name of College you plan on attending: _____

College Address: _____
Street address City State Zip code

Semester you plan on attending: _____

LC Student Major: _____

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 Lackawanna College with a passing grade.
4. Grades earned at other institutions are not calculated into my Lackawanna College grade point average. Transfer is awarded and applied as credit only. If I wish to repeat a course in which an F, D or D+ was received, an Application to Repeat Course in Transfer form must be completed.
5. All course prerequisites must be met.
6. Approval presumes successful completion of all currently enrolled courses.
7. Requests involving developmental coursework approval must also be approved by the Director of Developmental Education.
8. I assume responsibility for meeting graduation requirements.
9. Upon completion of the course(s) I will request that a copy of my official transcript be forwarded to **Lackawanna College, Office of the Registrar, 501 Vine Street, Scranton, PA. 18509**

Student Signature: _____ Date: _____

Student: Complete only course (s) and title information for course(s) taken at another institution.

Course Number: 1. _____ Title: _____ Credits: _____
 2. _____ Title: _____ Credits: _____
 3. _____ Title: _____ Credits: _____

Authorized Approval (for Registrar's Office Only)

1. _____ LC Equivalent _____ Approved _____
 2. _____ LC Equivalent _____ Approved _____
 3. _____ LC Equivalent _____ Approved _____

Authorized Signature: _____ Date: _____

OFFICE OF THE REGISTRAR
(570)961-7840 • (570)504-7816