

Student Name:	Last	First	M.I.	Phone Number:	Student ID Number
Address					Major
					Class Standing (SO, JR, SR)
CLEP, DANTES, College or University you plan to transfer credits from					In Semester/Year

Regulations Governing Transfer of Credit: Please Read Carefully.

Assignment of transfer credit is subject to standard evaluation by the Point Park academic schools. The director of articulation will also check to be certain that the course content is not substantially equivalent to that of courses which already appear on the student's record. If it is determined that the grade earned is below the minimum required for transferring credit (C or its equivalent) or that the course is repetitious, credit will not be assigned. Please review the undergraduate catalog under Post-Matriculation Transfer Credit Policy for further explanation. Transcript of work must be sent directly to Point Park University, Office of the University Registrar.

1. The student must have a status of sophomore or higher when taking courses at another institution. The student must complete a CLEP and DANTES before the end of their sophomore term (59 credits).
2. The student must have a G.P.A. of 2.00 or higher
3. No more than one course (3-4 credits) per semester and two courses (6-8 credits) during the summer may be taken.
4. No courses may be taken elsewhere that are offered through Point Park University in the requesting semester.
5. No more than a total of six courses from the time of matriculation to graduation will be permitted.
6. All fundamental*, capstone and some thematic core courses must be taken in residence
7. Restrictions for specific majors and minors may apply.
8. Students must adhere to the residency requirements.

*COMM101, ENGL101, UNIV101-Fundamental Courses

Dept.	Course Number	Credit Hours	Course Title*	Recommendation of Academic Adviser	Point Park Equivalent
				Grant _____ Deny _____ Signature _____	
				Grant _____ Deny _____ Signature _____	

Alternative Courses

				Grant _____ Deny _____ Signature _____	
				Grant _____ Deny _____ Signature _____	

**Student may be required to present a detailed course description for each course to be taken elsewhere in order to secure departmental recommendation.*

Dept. Chair or Program Director Signature	Date	Office of the University Registrar	Date
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