



**College of Arts and Sciences Office of the Dean**

300 College Park, Dayton, OH 45469-0800  
 (937) 229-2611 Fax (937) 229-2615  
 email: casdean@udayton.edu

**UNDERGRADUATE TRANSFER CREDIT PRE-AUTHORIZATION**

Date: \_\_\_\_\_

<b>Name:</b>		<b>College/University you plan to attend:</b>	
<b>Address:</b> <small>(Home address)</small>		<b>City, State</b>	
City, ST, ZIP		<b>TERM TO BE TAKEN (ex: Summer 2013):</b>	
<b>Student ID</b>		<b>EMAIL ADDRESS:</b>	
<b>MAJORS(s)</b>		<b>PHONE :</b>	

**Pre-Authorization Procedure**

1. Complete all information in the table above.
2. Complete **ONLY** the left side of the table below, listing only courses you have verified will be offered during the identified semester.
3. **Attach a course description for each course to be approved.**
4. Provide your signature indicating your awareness of all provided procedures and policies.
5. Submit completed form to the College of Arts and Science Dean’s office, 104 O’Reilly Hall.

**Important Transfer Credit Policy**

- Transfer credit is awarded only for course work earning a grade of C- or better.
- Transfer credit will not affect your UD cumulative GPA. **(The University of Dayton Retake Policy does NOT apply to transfer courses.)**
- Transfer credit will not be awarded for a course equivalent to any course previously taken at UD with a grade of D or better.
- Pre-authorization of the transferability of a course **DOES NOT** guarantee the course will meet any specific degree requirement. Students are encouraged to discuss application of transfer credits to degree requirements with their academic advisor.
- Students are responsible for having an **OFFICIAL** transcript sent to UD. Credits will not appear on advising reports or housing and registration status until official transcripts have been received and processed. **OFFICIAL TRANSCRIPTS SHOULD BE SENT TO: University of Dayton Registrar 300 College Park Dayton, OH 45469-1601.**

Student Signature: \_\_\_\_\_

<b>COURSE(S) TO APPROVE</b> (COMPLETED BY STUDENT)				<b>UD EQUIVALENT</b> <i>(MUST BE FILLED OUT BY DEAN'S OFFICE ONLY)</i>			
DEPT.	COURSE NO.	COURSE TITLE	CR. HRS.	DEPT.	COURSE NO.	COURSE TITLE	SEM HRS.

**Remember to attach a course description for each course listed above.**

Assistant Dean signature \_\_\_\_\_

Date \_\_\_\_\_

College seal \_\_\_\_\_