FORM WILL BE READY TO PICK UP FROM THIS OFFICE IN TWO WEEKS

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: ____________________

Name: ____________________________

College/University you plan to attend:

Address:

City, State

City, ST, ZIP

TERM TO BE TAKEN (ex: Summer 2013):

Student ID

EMAIL ADDRESS:

MAJORS(s)

PHONE :

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](https://www.udayton.edu/registrar/retakepolicy/)).
- 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 45469-1668.

Student Signature: ____________________________

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<tr>
<th>COURSE(S) TO APPROVE</th>
<th>UD EQUIVALENT</th>
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<tbody>
<tr>
<td>(COMPLETED BY STUDENT)</td>
<td>(MUST BE FILLED OUT BY DEAN’S OFFICE ONLY)</td>
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<tr>
<td>DEPT.</td>
<td>COURSE NO.</td>
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**Remember to attach a course description for each course listed above.**

Assistant Dean signature ____________________________

Date ____________________________

College seal

(Revised 10/15)