

TRANSFER COURSE(S) PERMISSION FORM

Student _____ Student # _____

Current Status (Check One): First-year Sophomore Junior Senior

Advisor(s) _____ Major(s) _____

Email _____ Phone/Cell _____

Local Address _____

Institution to be attended: _____ Semester _____

**The above student is in good standing at Niagara University, if all 3 signatures appear below,
and is hereby granted permission to enroll for credit in the following course(s):**

	<u>COURSE #</u>	<u>COURSE TITLE</u> ***	<u>NU EQUIVALENT / DESIGNATION</u>
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____

***** Please attach a copy of the course description for each class indicated above.**

- TRANSFER COURSES MUST BE **3+ CREDITS WITH A GRADE OF C OR HIGHER** TO BE ACCEPTED FOR CREDIT AT NIAGARA UNIVERSITY.
- ALL COURSES FAILED AT NIAGARA UNIVERSITY MUST BE RETAKEN AT NIAGARA FOR THE “F” TO “R” POLICY TO APPLY.
- STUDENTS WITH OVER 60 TRANSFERRED CREDITS MUST TAKE THEIR LAST 10 COURSES AT NIAGARA UNIVERSITY.
- A MAXIMUM OF HALF OF THE MAJOR COURSES MAY BE TRANSFERRED IN TO THE MAJOR SIDE OF THE CURRICULUM.

At the completion of the course(s), please arrange for official transcripts to be sent to (check one):

<input type="checkbox"/> Academic Exploration PO Box 2046	<input type="checkbox"/> Dean’s Office College of Arts & Sciences PO Box 2026	<input type="checkbox"/> Dean’s Office College of Business PO Box 2037	<input type="checkbox"/> Dean’s Office College of Education PO Box 1930	<input type="checkbox"/> Dean’s Office College of Hospitality/Tourism PO Box 2012
(Street address, if required, = 5795 Lewiston Road) Niagara University, NY 14109				

Student’s Signature _____ Date _____

Advisor’s Signature _____ Date _____

Assistant to the Dean _____ Date _____

