

Alternate Institution Course Approval

Please use this form to request permission to take courses for credit at an institution other than USP. It is important to complete **all** the information on the form. The requested transfer credit must be approved by the department teaching the equivalent course at USP as well as by your Dean or Program Director. **Submit the completed form to the Registrar's Office.** When you have completed the course(s), you must forward an official transcript reflecting the final grade(s) from the external institution to the Registrar's Office. A student grade report will not be accepted for transfer credit. Credit cannot be granted without an official transcript reflecting a final grade for the course. Credit will not be granted if you earn a grade less than a "C."

Student Information

Last _____ First _____ Middle _____ USP ID# or SSN _____
 Address _____ Major _____
 City _____ State _____ Zip _____ Telephone _____
 Current Class Year (circle): 1 2 3 4 5

Alternate Institution Course Information

Alternate Institution Name (College or University) _____ Institution Location _____
 Credit system at alternate institution: Semester hour Quarter hour Other (specify):
 Term courses will be taken: Fall Spring Summer Year: _____
 I attest that I will have completed all the necessary prerequisites before taking the respective course(s).
 Exact beginning and end dates of session: _____ through: _____

Proposed courses to be taken (attach the appropriate catalogue descriptions to this form):

To be completed by Student Course number and name	Credits	To be completed by Dean/Program Director Equivalent USP Course number and name	<input checked="" type="checkbox"/> Dept Approval

Deans/Program Directors: Please check if the course being transferred is on the USP-approved list of transfer credit (Refer to the Entrisik Informer Transfer Course Guide.) If not, the teaching department must provide an approving signature.

Student Signature _____ Date _____

Dean/Program Director Approval

To be completed by Dean's Office/ Program Director's Office Only
 Action by Dean/Program Director: Approved Rejected

Dean/Program Director Signature _____ Date _____



Registrar's Office
 600 South Forty-Third Street
 Philadelphia, PA 19104
<http://www.usp.edu/registrar/>

Students, please note: the response to this request will be indicated above. If approved, please present the **student copy** of this form to the alternate institution as certification that you have USP approval to take the external courses you have requested.