Graduate Transfer of Credits



Students applying to Cabrini University who have taken graduate courses at another college or university within the last four years and would like receive credit for previous work should complete this form at the time of application. Your request will take, at minimum, one week to process.

• Please also email your academic transcripts (official or unofficial) to graduate@cabrini.edu for review by your program's faculty advisor.

This request will be reviewed by the Dean and faculty advisor of the desired program.

- Mail to Cabrini University Graduate Admissions, 610 King of Prussia Road, Radnor, PA 19087-3698 or
- Deliver to Graduate Admissions Office, first floor of Grace Hall, or fax to 610.902.8522 or
- Email as an attachment to graduate@cabrini.edu

First Name	Last Name	
Other Name Used while Enrolled at Cabrini		
Date of Birth (DD/MM/YY)	Cabrini ID Number	
Address		
City	State	Zip
Intended Program of Study		
Intended Program Start Date	Intended Location	
If applicable, please indicate below colleges	/universities attended since lea	ving Cabrini.
You must arrange to have official transcripts	sent to the Graduate Admission	ns Office.
College/University		Dates Attended
I certify that this information is true and com application could invalidate acceptance and release my personal and academic informati	enrollment. I authorize any scho	pols or colleges I have previously attended to
Signature		Date
To be completed by Cabrini staff: Re-admittance: Approved □ Denied □ Reviewer Name	Comments	Initials Date