



# APPROVAL FOR CREDITS TAKEN AT OTHER INSTITUTIONS

2023-2024

All undergraduate students are expected to earn their final 30 credits at Cabrini University and must earn at least 45 credits at Cabrini. Permission must be received to transfer a course within the student's last 30 credits.

Students studying at other colleges/universities are responsible for ordering the official transcripts to be sent to the Office of the Registrar. Final grades of "C" or higher will transfer back to Cabrini University. If a student is sending an electronic transcript to Cabrini University, the student must have it sent to [registrar@cabrini.edu](mailto:registrar@cabrini.edu) and the student must notify the Registrar's Office that the document is forthcoming.

## Student Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Cabrini ID: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cabrini Email: \_\_\_\_\_  
Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

## Other Institution Information

Name of Other Institution: \_\_\_\_\_  
Term Attending: Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

Their Subject #	Their Course #	Their Course Title	Credits	Expected Equivalency	Core	Major	Elective

## Student Confirmation

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded to your Advisor using my [Cabrini University email account](mailto:registrar@cabrini.edu).

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Advisor Approval

Check box if course is within the student's final 30 credits to be taken at Cabrini University.

Please either digitally sign below or include your written approval in the email when you forward this form.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Approvals - see page 2

- Courses used to satisfy a major requirement must be approved by the Department Chair
- All forms must also be approved by the Assistant Dean, Center for Student Success

## Major Courses:

Please either digitally sign below or include your written approval in the email when you forward this form.

If Major Course

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

## Final Approval - Assistant Dean, Center for Student Success:

Please either digitally sign below or include your written approval in the email when you forward this form to [registrar@cabrini.edu](mailto:registrar@cabrini.edu).

Asst. Dean, Center  
for Student Success: \_\_\_\_\_ Date: \_\_\_\_\_

Return to Registrar at [registrar@cabrini.edu](mailto:registrar@cabrini.edu)