TRANSFER CREDIT (NON-DEGREE STUDENT) APPLICATION

PERSONAL INFORMATION			
Last Name:	First:		M.I.
Maiden/Other Names	Birth date:	Banner ID/ SSN	
Address:	City:	State:	Zip Code:
Telephone Home (Include Area Code):	Business Telephone (Include Area Code):	Email Address:	

WHAT IS THE NUMBER OF CONSOLIDATION CREDITS DESIRED FOR THIS YEAR?

☐ 1-24 ☐ 25-30 ☐ 31-50 ☐ 51-60 ☐ 61-75 ☐ 76-100 ☐ 101-120

PREVIOUSLY MATRICULATED with ROWAN? ❑ Yes ❑ No

Please return this application and a $100 application processing fee to:
Rowan University, Office of the Registrar, Savitz Hall,
Glassboro, NJ 08028-1701 Fax: 856.256.4424

Authorization to release transcript

Signature (required) _____ Date_____

Send Transcript to (print mailing address):

_____

_____

_____

Rowan University • Office of the Registrar • 201 Mullica Hill Road,
Glassboro, New Jersey 08028 • Phone: 856.256.4000 • FAX: 856.256.4424/ 856.256.4424

NOTE: The banking of credit in no way implies the transfer of credit into the institution, nor the admission of the individual to any matriculated, degree program at Rowan University. Program degree requirements vary significantly and are revised each year.

Method of Payment: Fees for Transcript Consolidation are NON-REFUNDABLE

☐ CHECK ☐ MONEY ORDER $_____

Credit Card Number:

																Card Holder's Name (Please Print)

Please Check One ❑ VISA ❑ Master Card ❑Discover ❑American Express	Card Holder's Day Telephone
Expiration Date	Card Holder's Evening Telephone