



Center for Lifelong Learning
7373 Admiral Peary Highway
Cresson, PA 16630-1999

www.mtaloy.edu/cll

(888) 823-2220 ext. 4

Fax (814) 886-2978

Informational Items about Dual Enrollment Courses

1. The final high school grade for an approved dual enrollment course is posted on a Mount Aloysius College Transcript.
2. If one attends Mount Aloysius College, the course and grade are as listed.
e.g. CH101-Chem I, 4 credits, A, B, C, etc.
3. As a rule, transferring credits to other institutions will result in the course transferring as a General Education Course and the Q.P.A. will not be included.
4. Any student enrolled in a dual enrollment program through Mount Aloysius College and not planning on attending Mount Aloysius College should always call the institution they plan on attending to verify credit transfers and how they will be applied at his or her chosen College or University.



Office of the Registrar
 7373 Admiral Peary Highway
 Cresson, PA 16630-1990

www.mtaloy.edu
 e-mail: registrar@mtaloy.edu
 Office (814) 886-6400
 (814) 886-6343
 (814) 886-6337
 Fax (814) 886-2750

TRANSCRIPT REQUEST

Current name: _____

Name at time of attendance: _____

Current address: _____

Phone number: _____ Social security number: _____

Dates of attendance at MAC: From Dual Enrollment 09-10 (Month/Year) to _____ (Month/Year) Date of birth: _____

Important! Please check if applicable: I wish this order to be delayed until final grades for the current term are entered.
 I wish this order to be delayed until my degree is entered on my transcript.

PLEASE COMPLETE:

- I will pick up _____ (number of) transcripts of my academic record from this office.
- I want to have _____ (number of) transcripts mailed to myself at the above address.
- I want to have _____ (number of) transcripts mailed to third parties at the following addresses:

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| 3. | _____ | 4. | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

(List additional recipients on back of this form)

 Signature Date

Office Use Only: Date received _____ Date released _____ Amount received _____ Initials _____

Requests may be mailed or faxed. Transcripts are \$5.00 per copy. Make checks payable to Mount Aloysius College or complete credit card information below. If mailing request, include check or complete credit card information with request. If faxing request, send check to the Registrar's Office and include a copy of this request with payment or if paying by credit card, complete credit card information below. Transcripts will not be processed until payment is received. Allow five business days for processing.

Type of Credit Card (Check one): Master Card VISA Discover American Express
 Card Number: _____ Expiration Date: _____
 Name on Credit Card: _____

Form revised 2/1/07