**APPROVAL OF TRANSFER COURSES**

*Traditional Undergraduate / Adult Accelerated Programs*

Students are required to use this form to secure approval of any courses to be taken at another institution during or after their first term of enrollment. The form should be completed and approved prior to enrollment in the desired class. Following completion of the course, students must submit an official transcript to Benedictine University. Students are responsible for understanding and complying with all curricular requirements stated in the current Undergraduate Catalog.

**PART I   General Information** *(This section is to be completed by the student. All fields are required.)*

- **STUDENT NAME:** ____________________________
- **ID#:** ____________________
- **STUDENT STATUS:**
  - FR
  - SO
  - JR
  - SR
- **E-MAIL:** ____________________
- **SEM. HOURS:**
  - Completed at BU: _____
  - In Progress: _____
  - Already Transferred: _____
- **COURSE INFO:**
  - Name of Visiting Institution
  - Term course(s) to be taken: FA SP SU 20____

<table>
<thead>
<tr>
<th>Visiting Institution Information</th>
<th>Course Equivalent at Benedictine University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number</td>
<td>Course Title</td>
</tr>
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<td></td>
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</table>

I certify that the information provided is accurate to the best of my knowledge and I understand that the signatures below are based solely on the information I have provided on this form.

___________________________________
Student Signature

Date

**Note:** A separate form is required for each term.

**PART II   Advisor Approval** *(Student is responsible for obtaining advisor signature for academic approval.)*

I approve that the courses indicated above, totaling _____ semester hours and assuming the required grade, will be transferable to Benedictine University as the equivalent Benedictine course/requirement indicated above.

___________________________________
Academic Advisor Signature

Date

Yes

No

“C” or better required

**PART III   Office of the Registrar** *(Student is responsible for submitting form to the Office of the Registrar.)*

Upon approval by the academic advisor and after review of the student’s transcript, I approve the transfer of credit as stated above. *(Note: If the official is unable to approve request, the student and advisor will be notified.)*

<table>
<thead>
<tr>
<th>55-hour rule</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td>Res. Req.</td>
<td>Met</td>
<td>Not</td>
</tr>
<tr>
<td>Warning</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Office of the Registrar Official Signature

Date:

Office Use   **Distribution by e-mail:** Student, Academic Advisor

Revised 1/13 Office of the Registrar