APPROVAL OF TRANSFER COURSES

Traditional Undergraduate / Adult Accelerated Programs

Students are required to use this form is 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.

Undergraduates with Junior or Senior standing (60 or more semester credit hours earned) will not be eligible to transfer community college course credit back to Benedictine University. Credit from accredited four-year institutions is not affected, nor is coursework required by special agreements such as 2+2 or 2+3 programs. Students enrolled in 3+1 undergraduate baccalaureate completion programs are exempt from this policy. This policy is effective as of the Summer 2016 term.

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

Approval or denial will be sent to Student's BenU Email Address

STUDENT NAME: _____ **ID #:** _____

Earned Hours: _____ **In Progress:** _____

_____ **Community College** ☐ **FA** ☐ **SP** ☐ **SU** ☐ **20**_____

Name of Visiting Institution **Accredited Four-Year University** ☐ **Term course(s) to be taken**

Visiting Institution Information			**Course Equivalent at Benedictine University**		
Subject & Course #	Course Title	Credit Hours	Subject & Course #	Course Title *(If no equivalent, indicate curricular requirement to be met.)*	Credit Hours

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.

"C" or better required Yes ☐ No ☐

_____ _____

Academic Advisor Signature Date

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.)

_____ _____

Office of the Registrar Official Signature Date

55-hour rule	Met	Not Met
Residency	45	30
Res. Req.	Met	Not
Total Hours Earned+IP	0-59.99	60 +

Office Use

Notes:

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

Revised: Registrar's Office/06-17/JS
Updated 8.24.18/CL
Updated 3.23.2020 DKC