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: __________________________

# OF SEM. HOURS:  Completed at BU: _____  In Progress: _____  Already Transferred: _____

COURSE INFO:  __________________________________________  □ FA  □ SP  □ SU  20____

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<thead>
<tr>
<th>Visiting Institution Information</th>
<th>Course Equivalent at Benedictine University</th>
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<tbody>
<tr>
<td>Course Number</td>
<td>Course Title</td>
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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 Name (Printed) __________________________

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: ______

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

Revised 3/15 Office of the Registrar