

Course Transfer Form

Student Name _____ Date _____

Advisor's Name _____

Name of LHSO course that you are seeking credit for: _____

Name and course number you are requesting to transfer _____

Credit Hours _____ Grade _____

Institution where course was taken _____

Semester/year course was taken: _____

Transcripts included (required): _____yes _____no Circle One: Official Unofficial

Course Description included (required): _____yes _____no

Administration Use Only

Faculty Decision

Entered on Grade Report: _____

_____Accepted

_____Denied Reason _____

Faculty Signature _____ Date _____

Director Signature _____ Date _____

*Please complete a form for each course that you are requesting to transfer. You may make copies of this form.