



University of Lynchburg

REQUEST FOR PERMISSION FOR OUT-OF-RESIDENCE STUDIES

Instructions:

1. Take this form and a description of the course(s) for which out-of-residence study approval is sought to your advisor and obtain approval.
2. Take the same materials to the Associate School Dean or Dean of the College that offers courses in the discipline of the course you wish to take and obtain approval. (Students who do not obtain permission in advance risk not having their credit accepted by the University.)
3. Return the completed and signed form to the Office of the Registrar. Confirmation of approval will be sent to you through your LC email account. You can then forward the approval to the other institution, if needed.
4. Upon completion of the course(s), have an official transcript sent DIRECTLY to the Registrar's Office.

Regulations:

- Courses offered at University of Lynchburg during the same term are NOT approved for out-of-residence study. If there are extenuating circumstances for which an exception is requested, please present reasons on the back of this form.
- *Only credit hours, NOT grades*, transfer to University of Lynchburg degree record.
- The grade for courses taken out of residence will NOT replace the original grade in your cumulative Lynchburg record. If the approved course has been passed at Lynchburg additional credit will not be added to the record.
- Credit will NOT be allowed for courses with a grade below a C (credit is not allowed for C- grades).
- Out-of-residence course work will NOT enable a student to be removed from Academic Probation.
- Students are allowed to transfer a maximum of 76 semester hours toward a degree program.
- Quarter hour credits will be converted to semester hours (1 quarter hour = .7 semester hour).
- A traditional age student admitted for full-time enrollment cannot acquire authorization to reside off campus by dropping to part-time status (below twelve credit hours per semester).

STUDENT SECTION (please type or print):

Name: _____ Date: _____

Birth Date: _____ Last 4 SSN: _____ Campus Address/Box #: _____

Major: _____ Advisor: _____

Will you be attending LC during the same session as the out-of residence studies? YES NO

Anticipated graduation date: _____ *Will you be graduating out-of-residence? YES NO
***(If yes, the Permission to Graduate Out-of-Residence form, approval, and fee are required.)**

Term & Year of Out-of-Residence Study: _____

College/University where course(s) will be taken: _____

Address: _____

Course Prefix/No.	Course Title	*Substitute for: (University course Prefix/# or Elective)	Advisor's Signature of Approval	Associate School Dean /College Dean's Signature of Approval
1.				
2.				
3.				