

Request for Permission for Transfer Credit or Out-of-Residence Study

Name: _____

Last four numbers of your SS#: _____

Program: _____ Your anticipated graduation date: _____

Address: _____ Phone (day): _____

_____ Phone (evening): _____

Credit to transfer from (College/University): _____

Address: _____

- Check one: Transfer of course *taken prior* to University of Lynchburg enrollment
 Course *taken out-of-residence* during University of Lynchburg enrollment
 Substitution of a course by one *taken within* University of Lynchburg graduate programs

Term/Year of Study (example: Fall 2019):			
Course Prefix	Course No.	Course Title	To substitute for (U of L Course #)
1.			
2.			
3.			

Processing Steps and Instructions for Transfer Credit (courses completed prior to enrollment at the University of Lynchburg):

1. Take this form and a course description to your advisor. If approved by your advisor, forward this form to the Graduate Studies Office for approval.
2. An official transcript must be sent directly to the Graduate Studies Office (unless it is already on file).
3. The Graduate Studies Office will return the completed and signed form to the Registrar's Office and copy you.
4. Credit will not be allowed for courses with a grade of "C+" or below.
5. Credit will be allowed for a maximum of six hours of approved coursework.

Processing Steps and Instructions for Out-of-Residence Course Credit (prior to your enrollment):

1. Take this form and a course description to your advisor. If approved by your advisor, forward this form to the Graduate Studies Office for approval.
2. The Graduate Studies Office will return the completed and signed form to the Registrar's Office and copy you.
3. Upon completion of the course, you must have an official transcript sent directly to the Registrar's Office at the University of Lynchburg.
4. Students who do not obtain permission in advance risk not having their credit accepted.
2. Credit will not be allowed for courses with a grade of "C+" or below.
3. Credit will be allowed for a maximum of six hours of approved coursework.

Refer to the Graduate Catalogue, Academic Regulations' section for more detailed information concerning university and individual programs policies for a Transfer Credit Request or Out-of-Residence Study

Advisor's Signature: _____ **Date** _____

College/School Dean's Signature: _____ **Date** _____

Dean of Graduate Studies Signature: _____ **Date** _____