

Labouré College of Healthcare Continuing Student Transfer Credit Request

Complete and return this form to the Office of the Registrar Email: Registrar@laboure.edu

Date	Student ID#	Student Name	
Program	Phone	Student Email	
Requirements			
program at Labouré Colleg (registrar@laboure.edu) al completed request forms t	e of Healthcare. Students must long with a copy of the course to the Program Dean and/or Vi rse discipline to review the tra	nally accredited colleges or unive t submit this form to the Office of description and/or syllabus. The C ce President of Academic and Stu nsfer course equivalency. Once a	the Registrar Office of the Registrar will submit dent Affairs who may designate a
be sent to the Office of the completed and posted to t	e Registrar. The student's progr the student's official record. If t lege of Healthcare course, the	ram requirement will remain inco the course being taken for transfe	
Course Code/Title	College or University	Total Credits	Equivalent to Course Code/Title
Reason for External Transfer (Credit request:		
Student Signature By signing, I acknowledge that I h	nave read this form and understand tha	at I am requesting external transfer credit. e for any financial or academic obligations	I understand that this request must be
Student Signature By signing, I acknowledge that I h	nave read this form and understand tha		I understand that this request must be
Student Signature By signing, I acknowledge that I happroved by the Program Dean.	nave read this form and understand tha I also understand that I am responsible	e for any financial or academic obligations	I understand that this request must be
Student Signature By signing, I acknowledge that I h approved by the Program Dean. Student Signature:	nave read this form and understand tha I also understand that I am responsible	e for any financial or academic obligations	I understand that this request must be
Student Signature By signing, I acknowledge that I happroved by the Program Dean. Student Signature: Faculty Review (optional papers) Approved Faculty Signature:	nave read this form and understand that I also understand that I am responsible unal)	e for any financial or academic obligations Date: Date: Date:	I understand that this request must be
Student Signature By signing, I acknowledge that I happroved by the Program Dean. Student Signature: Faculty Review (optional paperoved print Name: Program Dean Approved program Dean Approved print Name:	nave read this form and understand that I also understand that I am responsible onal) Denied Additional Comments:	e for any financial or academic obligations Date: Date: Date:	I understand that this request must be
Student Signature By signing, I acknowledge that I happroved by the Program Dean. Student Signature: Faculty Review (optio Approved Faculty Signature: Print Name: Program Dean Appro Approved: This course can be Denied: This course is not appended.	nave read this form and understand that I also understand that I am responsible onal) Denied Additional Comments:	e for any financial or academic obligations Date: Date: Date: Delisted in the Transfer Credit Database.	I understand that this request must be
Student Signature By signing, I acknowledge that I happroved by the Program Dean. Student Signature: Faculty Review (optio Approved Faculty Signature: Print Name: Program Dean Appro Approved: This course can be Denied: This course is not appended.	nave read this form and understand that I also understand that I am responsible and I am resp	e for any financial or academic obligations Date: Date: Date: Delisted in the Transfer Credit Database.	I understand that this request must be I may have.
Student Signature By signing, I acknowledge that I happroved by the Program Dean. Student Signature: Faculty Review (option	nave read this form and understand that I also understand that I am responsible unal) Denied Additional Comments: Decorporate of the state of the	pe for any financial or academic obligations Date: Date: pe listed in the Transfer Credit Database. Date: Date:	I understand that this request must be I may have.