

Complete and return this form to:  
Office of the Registrar  
Email: [transfercredit@laboure.edu](mailto:transfercredit@laboure.edu)

Date	Student ID#	Student Name
Program	Phone	Student Email

### Requirements

Please review the Transfer credit policies located online in the [Labouré College of Healthcare Catalog](#) prior to submitting this form. Transfer credit can be awarded for associate and bachelor's degree programs. Transfer credit is not available for certificate programs.

#### ☐ Requesting Additional Transfer Credit

- ☐ I am seeking transfer credit for a course that has been completed prior to starting my program at LCH.
- ☐ I have begun my program at LCH and am seeking approval to take a course for transfer credit (limited to 8 credits). Approval must be granted prior to taking courses or seeking transfer credit outside of Labouré College of Healthcare.

						ADMINISTRATION
College/University	Course Code/Title	Semester Taken/ Going to take	Final Grade (if complete)	Total Credits	Equivalent Course at LCH	Approved Y/N

### Student Signature

By signing, I acknowledge that I have read the Transfer Credit Policy located in the [Labouré College of Healthcare Catalog](#) and filled this form in totality. I understand that I am requesting an additional transfer credit review for the course(s) I have listed above. I understand that this request must be approved by the Registrar, Program Dean or Assistant Vice President of Academic Affairs and that any program requirements for "in progress" transfer credit is considered unmet until the transfer credit has been posted to my record.

- ☐ I have attached the course description to this request (can be attached via email to [transfercredit@laboure.edu](mailto:transfercredit@laboure.edu)).
- ☐ I have attached the optional course syllabus to this request (can be attached via email to [transfercredit@laboure.edu](mailto:transfercredit@laboure.edu)).
- ☐ I have provided an official transcript to the Office of the Registrar or the Admissions Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar, Program Dean, or AVPAA Approval

- ☐ I have indicated approval in the Administrative section above.

Additional Comments:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

#### Registrar Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_