

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

Date	Student ID#	Student Name
Program	Phone	Student Email

Requirements

Transfer Credits

Transfer credit can be awarded for associate and bachelor's degree programs. Transfer credit is not available for certificate programs.

- All courses to be considered for transfer credit must be approved by the Program Dean and/or Vice President of Academic and Student Affairs. The Program Dean and/or VPASA may designate faculty within the discipline to review courses for approval.
- An official transcript from the previous college or university that reflects the final grade of the course must be on record for transfer credit to be granted. A transcript is considered official if it is mailed or hand delivered to Labouré College of Healthcare in a sealed envelope. The official transcript will include the college or university official seal and signature of the Registrar. Electronic transcripts are accepted if sent directly from the previous college or university or through a third party on behalf of the previous college or university (Parchment, National Student Clearinghouse, etc.).
- Transfer credit is only awarded from regionally accredited colleges or universities.
- Labouré College of Healthcare may enter articulation agreements with other accredited colleges or universities to award transfer credit for courses.
- Exceptions to the Transfer Credit policy can be made on an individual basis if deemed appropriate. All exceptions must be approved by the Program Dean and Vice President of Academic and Student Affairs, or as outlined in the Labouré College of Healthcare Catalog and Student Handbook.

Requesting Additional Transfer Credit

A student may request an additional transfer credit evaluation after initial evaluation for courses taken prior to beginning their program at Labouré College of Healthcare by submitting this form along with a course description of course syllabus to transfercredit@laboure.edu. A student seeking transfer credit for a course that they are currently registered at Labouré College of Healthcare must submit the Request for Additional Transfer Credit at least two weeks prior to the first day of classes for that semester.

College or University	Course Code/Title	Semester Taken	Final Grade	Total Credits	Equivalent Course at LCH
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Student Signature

By signing, I acknowledge that I have read this form in totality and understand that I am requesting an additional transfer credit review for the course listed. I understand that this request must be approved by the Program Dean or Vice President of Academic Affairs. I have attached the course description and/or syllabus to this request.

Student Signature: _____ Date: _____

Program Dean or VPAA Approval

- Approved Denied Assign to faculty for approval:

Additional Comments:

Program Dean Signature: _____ Date: _____

Faculty Review

- Approved Denied

Additional Comments:

Faculty Signature: _____ Date: _____

Registrar Use Only

- This course is exempt from Dean/VPAA approval because it was previously approved for transfer credit and is listed in the Transfer Credit Database.

Processed by: _____ Date: _____