

Complete and return this form to:
Labouré College of Healthcare
Attn: Office of the Registrar
303 Adams Street, Milton, MA 02186
Fax: (617)296-7947 or Email: Registrar@laboure.edu

_____	_____	_____
Date	Student ID#	Student Name
_____	_____	_____
Program	Phone	Student Email

Requirements

As long as college residency requirements are met, students may transfer up to seven (7) credits from other institutions after program matriculation. Students must submit an External Transfer Request Form to the Office of the Registrar. This form must be submitted with a copy of the course description and/or syllabus. The Office of the Registrar will submit completed request forms to the Program Dean who may designate a faculty member in the course discipline to review the transfer course equivalency. Once a decision has been made, the student will be contacted via email by the Office of the Registrar.

- This process must be followed prior to the start of a student taking their desired course outside of Labouré College of Healthcare.
- The course requirement at Labouré College of Healthcare will be considered incomplete until the transfer credit is processed to the student record (not in progress).
- The course must be taken at a regionally accredited College or University
- A minimum grade of C+ or higher is needed to transfer a science course
- A minimum grade of C or higher is needed to transfer a non-science course
- Credit is not awarded for courses completed on a pass/fail basis.
- Once the course is complete, an official transcript including final course grade must be sent to either the Department of Admissions or Office of the Registrar at Labouré College of Healthcare.

_____	_____	_____	_____
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 have read this form and understand that I am requesting external transfer credit. I understand that this request must be approved by the Program Dean. I also understand that I am responsible for any financial or academic obligations I may have.

Student Signature: _____ Date: _____

Faculty Review

This course is exempt from faculty review because it was previously approved for transfer credit and is listed in the Transfer Credit Database. This course needs to be reviewed by a faculty member in the appropriate discipline for approval.

Approved Denied Additional Comments:

Faculty Signature: _____ Date: _____

Print Name: _____

Program Dean Approval

Approved: This course can be awarded for transfer credit and can be listed in the Transfer Credit Database.

Denied: This course is not approved for transfer credit

Additional Comments:

Program Dean Signature: _____ Date: _____

Registrar Use Only

Processed by: _____ Date: _____