

Complete and return this form to:
Labouré College of Healthcare
303 Adams Street, Milton, MA 02186
Registrar@laboure.edu or Admissions@laboure.edu

Date	Student ID#	Student Name	Program
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Requirements

A student may request additional transfer credit taken at another college or university if they did not receive transfer credit during their initial review with their acceptance package. The course to be considered must be an appropriately equivalent course with an official transcript, including the final course grade, on file. To make the request prior to matriculation, this completed form is sent to the Department of Admissions (admissions@laboure.edu). To make the request after matriculation, the student submits this completed form to the Office of the Registrar (registrar@laboure.edu).

- A student seeking transfer credit for a course for which they are currently registered at Labouré College of Healthcare, must submit this form at least two weeks prior to the first day of classes for that semester.
- The College or University must be regionally accredited.
- The course to be considered must be an appropriately equivalent course taken prior to program matriculation at Labouré College of Healthcare.
- This form must be completed and accompanied by all appropriate supporting documents, including a course description and, if necessary, a course syllabus.
- If the course was previously approved for transfer credit and included in the Transfer Credit Database at Labouré College of Healthcare, the request will be processed by the Department of Admissions or Office of the Registrar,
- If the course was not previously approved for transfer credit at Labouré College of Healthcare, this form will be sent to the Program Dean who may assign a faculty member in the appropriate discipline to review the course for approval.
- Final approval may be requested of the Vice President of Academic and Student Affairs.
- The Department of Admissions or Office of the Registrar will notify the student of the decision via student email.

Course Code/Title	College or University	Total Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature

By signing, I acknowledge that I have read this form and understand that I am requesting additional transfer credit for courses previously taken at . 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: _____