

Students are required to use this form to secure approval of any courses to be taken at another institution during or after their first term of enrollment. The form should be completed and approved **prior** to enrollment in the desired class. Following completion of the course, students **must** submit an official transcript to Benedictine University. Students are responsible for understanding and complying with all curricular requirements stated in the current Undergraduate Catalog.

Undergraduates with Junior or Senior standing (60 or more semester credit hours earned) will not be eligible to transfer community college course credit back to Benedictine University. Credit from accredited four-year institutions is not affected, nor is coursework required by special agreements such as 2+2 or 2+3 programs. Students enrolled in 3+1 undergraduate baccalaureate completion programs are exempt from this policy. This policy is effective as of the Summer 2016 term.

PART I General Information *(This section is to be completed by the student. All fields are required.)*
Approval or denial will be sent to Student's BenU Email Address

STUDENT NAME: _____ ID #: _____

Earned Hours: _____ In Progress: _____

 Name of Visiting Institution Community College FA SP SU 20____
 Accredited Four-Year University Term course(s) to be taken

Visiting Institution Information			Course Equivalent at Benedictine University		
Subject & Course #	Course Title	Credit Hours	Subject & Course #	Course Title <i>(If no equivalent, indicate curricular requirement to be met.)</i>	Credit Hours

I certify that the information provided is accurate to the best of my knowledge and I understand that the signatures below are based solely on the information I have provided on this form.

At this time, all signatures, where required, must be hand-written on the form

 Student Signature _____ Date _____ **Note:** *A separate form is required for each term.*

PART II Advisor Approval *(Student is responsible for obtaining advisor signature for academic approval.)*

I approve that the courses indicated above, totaling _____ semester hours and assuming the required grade, will be transferable to Benedictine University as the equivalent Benedictine course/requirement indicated above.

 Academic Advisor Name (Printed) "C" or better required Yes No

 Academic Advisor Signature _____ Date _____

At this time, all signatures, where required, must be hand-written on the form

PART III Office of the Registrar *(Student is responsible for submitting form to the Office of the Registrar.)*

Upon approval by the academic advisor and after review of the student's transcript, I approve the transfer of credit as stated above.

(Note: If the official is unable to approve request, the student and advisor will be notified.)

 Office of the Registrar Official Signature _____ Date _____

55-hour rule Met Not Met
 Residency 45 30
 Res. Req. Met Not
 Total Hours 0-59.99 60 +
 Earned+IP

Office Use
 Notes:

Distribution by e-mail: Student, Academic Advisor