

Loyola Marymount University
TRANSFER COURSE APPROVAL

Only courses from an accredited institution with a grade of C or higher are acceptable for transfer. LMU credit will be given only after the receipt of an official transcript from the school attended. A maximum of 60 semester hours may be transferred from community colleges.

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____

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CAMPUS BOX

EMAIL _____

COLLEGE: BA CF ED FT LA SE

CLASS YEAR: SR JR SO FR G

MAJOR OR MINOR THIS TRANSFER COURSE/S APPLIES TO _____

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DAYTIME PHONE

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EVENING PHONE

NAME OF TRANSFER INSTITUTION _____

SEMESTER

FALL

SPRING

QUARTER

YEAR _____

WINTER

SUMMER

Please check <http://registrar.lmu.edu> (Articulation Agreements) for the established LMU equivalencies of courses completed at other institutions. No substitutions to these equivalencies may be made without contacting the University Articulation Officer. If an articulation agreement is not available, an equivalency may be obtained from the LMU dean's office corresponding to the course.

1	TRANSFER SCHOOL COURSE			
	COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY			
DEPARTMENT	NUMBER	HOURS	

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COURSE DEAN'S APPROVAL
IF NO ARTICULATION AGREEMENT ON FILE

DATE

STUDENT DEAN'S APPROVAL

DATE

2	TRANSFER SCHOOL COURSE			
	COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY			
DEPARTMENT	NUMBER	HOURS	

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COURSE DEAN'S APPROVAL
IF NO ARTICULATION AGREEMENT ON FILE

DATE

STUDENT DEAN'S APPROVAL

DATE

3	TRANSFER SCHOOL COURSE			
	COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY			
DEPARTMENT	NUMBER	HOURS	

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COURSE DEAN'S APPROVAL
IF NO ARTICULATION AGREEMENT ON FILE

DATE

STUDENT DEAN'S APPROVAL

DATE

4

TRANSFER SCHOOL COURSE			
COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY		
DEPARTMENT	NUMBER	HOURS

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 COURSE DEAN'S APPROVAL
 IF NO ARTICULATION AGREEMENT ON FILE DATE _____

 STUDENT DEAN'S APPROVAL DATE _____

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TRANSFER SCHOOL COURSE			
COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY		
DEPARTMENT	NUMBER	HOURS

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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TRANSFER SCHOOL COURSE			
COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY		
DEPARTMENT	NUMBER	HOURS

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
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TRANSFER SCHOOL COURSE			
COURSE TITLE	DEPARTMENT	NUMBER	HOURS

LMU EQUIVALENCY		
DEPARTMENT	NUMBER	HOURS

LMU REQUIREMENT SATISFIED			
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TRANSFER SCHOOL COURSE			
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LMU EQUIVALENCY		
DEPARTMENT	NUMBER	HOURS

LMU REQUIREMENT SATISFIED			
CORE	MAJOR	MINOR	ELECTIVE
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