



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.	LMU ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE	EVENING PHONE	COLLEGE: <input type="checkbox"/> BA <input type="checkbox"/> CF <input type="checkbox"/> ED <input type="checkbox"/> FT <input type="checkbox"/> LA <input type="checkbox"/> SE	
<input type="text"/>	<input type="text"/>		

NAME OF TRANSFER INSTITUTION _____

SEMESTER FALL SUMMER

QUARTER SPRING

YEAR ATTENDING _____

1ST COURSE

TRANSFER SCHOOL COURSE -Print the transfer course information below, as listed in the institution's catalog or website.

COURSE TITLE	DEPARTMENT	NUMBER	HOURS/UNITS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU EQUIVALENCY -Found at <http://registrar.lmu.edu> (Articulation Agreements)

DEPARTMENT	NUMBER	HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU EQUIVALENCY -As determined by Department Chairperson

DEPARTMENT	NUMBER	HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU REQUIREMENT SATISFIED WITH THIS TRANSFER COURSE

MAJOR MINOR CORE ELECTIVE

DEPARTMENT CHAIRPERSON'S APPROVAL _____ DATE _____

2ND COURSE

TRANSFER SCHOOL COURSE -Print the transfer course information below, as listed in the institution's catalog or website.

COURSE TITLE	DEPARTMENT	NUMBER	HOURS/UNITS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU EQUIVALENCY -Found at <http://registrar.lmu.edu> (Articulation Agreements)

DEPARTMENT	NUMBER	HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU EQUIVALENCY -As determined by Department Chairperson

DEPARTMENT	NUMBER	HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU REQUIREMENT SATISFIED WITH THIS TRANSFER COURSE

MAJOR MINOR CORE ELECTIVE

DEPARTMENT CHAIRPERSON'S APPROVAL _____ DATE _____

3RD COURSE

TRANSFER SCHOOL COURSE -Print the transfer course information below, as listed in the institution's catalog or website.

COURSE TITLE	DEPARTMENT	NUMBER	HOURS/UNITS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU EQUIVALENCY -Found at <http://registrar.lmu.edu> (Articulation Agreements)

DEPARTMENT	NUMBER	HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU EQUIVALENCY -As determined by Department Chairperson

DEPARTMENT	NUMBER	HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMU REQUIREMENT SATISFIED WITH THIS TRANSFER COURSE

MAJOR MINOR CORE ELECTIVE

DEPARTMENT CHAIRPERSON'S APPROVAL _____ DATE _____

STUDENT DEAN'S APPROVAL _____ DATE _____