



OFFICE OF THE REGISTRAR
REQUEST FOR APPROVAL OF TRANSFER COURSES

Please complete this form for each course in which you intend to enroll and return it to the Office of the Registrar.

Name (Please print) _____

Student ID Number _____ Major _____

Class: ___ Freshman ___ Sophomore ___ Junior ___ Senior Anticipated graduation date _____

I request approval to take the following course:

Course number _____ Course start & end date _____ Course meeting time _____

Course title _____

Name of college/university _____

Are you repeating this course: Yes No If yes, please indicate Year & semester taken:

Please attach a copy of the course description

I request that this course be accepted in transfer to Lasell in fulfillment of:

Lasell course number _____ Title _____ Repeat Course ___ Yes ___ No

Course must be approved by the Registrar prior to enrollment. For course to be accepted for Lasell credits, a grade of C or better must be earned in the course. Recording of credits is dependent upon receipt of an official transcript mailed directly from the other school's Registrar to the Lasell Registrar within 2 weeks of the completion of the course.

Student's signature _____ Date _____

Telephone number _____

Advisor signature _____ Date _____

For Major/Elective Course:

_____ Date _____

School Associate Dean or Program Chair Signature (of course seeking approval)

For Core Curriculum Course:

Dean of Curricular & Faculty Innovation Signature _____ Date _____

OFFICE USE ONLY

Course approved _____ Course denied _____ Total Number of Transfer Credits _____

Assistant Registrar's Signature _____ Date _____

Transcript received ___ Date _____ Notification Sent ___ Date: _____