

## TRANSFER APPROVAL FORM

Last	First	ID#:		
Major:		Advisor:		
LR Email:				
Phone number:	Anti	cipated Month and Year of	Graduation:	
I would like approva	l to attend		College/University and	take the
following courses for	transfer credit:			
Course Code & Number (Ex COM 231)	Course Name	LR Code & Number (EX COM 111)	LR Course Name	Transfer Hou
(=::====				
gistrar's Approval:			Date:	
Approval is	s valid <b>only</b> for the term and	year approved.		

Completed forms may be returned via the following:

<sup>\*</sup>Fax 828.328.7378; Email Registrar@lr.edu; In person to the Registrar's Office