

LENOIR-RHYNE UNIVERSITY

TRANSFER APPROVAL FORM

Circle term in which classes will be taken: Summer Fall Spring

Year: _____

Name: _____ ID#: _____
Last First Middle

Major: _____ Advisor: _____

LR Email: _____

Phone number: _____ Anticipated Month and Year of Graduation: _____

I would like approval to attend _____ College/Univeristy 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 Hours

Registrar's Approval: _____ Date: _____

- *Approval is valid **only** for the term and year approved.
- *Only courses with a grade C or better will be accepted. Course credits earned will count toward graduation requirements, but the grade will **NOT** count towards the grade point average.
- *The last 32 hours of a degree **must** be completed at Lenoir-Rhyne.
- *LR will only accept up to 64 hours of community college transfer credits.
- **Courses completed at another institution cannot be used for grade replacement.*

 Completed forms may be returned via the following:

- * Fax 828.328.7378
- * Email Registrar@lr.edu
- * In person to the Enrollment Services Center