



**REQUEST TO TAKE COURSE(S) AT ANOTHER COLLEGE/UNIVERSITY  
Letter of Transferability**

**Student must provide a course description for proper credit evaluation (ACCD schools excluded)**

This form **must** be submitted to the Registrar's Office to verify that course(s) are transferable. Please submit form with a **minimum of three weeks prior** to the start date of the class at other college/university.

**REVIEW THE FOLLOWING INFORMATION PRIOR TO SUBMITTING THIS FORM:**

**Please initial each line below to acknowledge the following:**

- \_\_\_\_\_ I must submit separate forms for each institution I plan to attend. I must be currently enrolled at OLLU.
- \_\_\_\_\_ I must meet with my Advisor to ensure course(s) will meet program requirements. Registrar's office only verifies transferability of course. Courses that will not fulfill program requirement will be considered elective credit.
- \_\_\_\_\_ If I take course(s) during the semester in which my degree will be conferred, I am responsible for having final grades submitted by the deadline for early grades. If arrangements are not met, graduation will be postponed until the next degree conferring date.
- \_\_\_\_\_ If a similar course or lecture was taken in the past and subject or elective credit was granted; duplicate credit will not be given.
- \_\_\_\_\_ If I wish to repeat an OLLU course, it must be repeated at OLLU; courses from other institutions will not be counted, unless approved by Department Chair of repeated course. \*
- \_\_\_\_\_ All department approvals or verifications must be obtained prior to submitting this form to the Registrar's Office.
- \_\_\_\_\_ I am aware course(s) must be taken within one year following approval.
- \_\_\_\_\_ I am aware the maximum hours I can transfer from a community college is 72. I will meet with my advisor to determine which course(s) need to be removed to allow new credit to be transferred in if necessary.\*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last First Middle

**By signing my name below, I have read the above information and agree with the above.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution you plan to attend: \_\_\_\_\_  
**For proper credit evaluation Institutions other than ACCD must provide a course description**

\*\*\*PLEASE FILL OUT ALL FIELDS WITH COURSE INFORMATION\*\*\*

Other Institution Discipline	Other Institution Course #	Other Institution Course Title	OLLU Equivalent	Semester Hours	Course Transferable (Registrar's Office Only)
PSYC	2301	General Psychology	PSYC 1305	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: \_\_\_\_\_

Adviser's Signature: \_\_\_\_\_

\*As previously mention the maximum number of transfer hours from a community college is 72. Course(s) indicated will only be removed when transcript is evaluated and if student exceeds the 72 hour limit. Adviser must notify Registrar which course(s) to delete below:

Department Chair Signature: \_\_\_\_\_  
(Required if repeating a course taken at OLLU) Date

Dean's Signature: \_\_\_\_\_  
(Required for Graduate students only) Date

Registrar's Office Representative Signature: \_\_\_\_\_  
Date