St. Luke's College Waiver of Policy Form For Transfer Course Approval

This form MUST be turned in to the Registrar's Office prior to signing up for the transfer course.

Not all requests are approved.

Date:			
Student Name (please print):			
Major/Program:		Expected graduation date:	
Name of the Transfer Institu	tion:	•	
City/State of Transfer Institu	tion:		
Transfer Course Number and	d Title:		
Course Description:			
Start and End dates of cours	;e:		
Having read the guidelines regarding transfer courses in the St. Luke's College Handbook, I am requesting that the course described above be accepted as transfer credit. I intend to apply this course to			
the following course at St. Luk		epted as transfer credit. I intend	to apply this course to
My reason for requesting this is as follows:			
My reason for requesting this is as follows.			
I understand that to receive credit for this course, I must earn a grade of C or higher and have an official copy of my transcript sent to St. Luke's College.			
Student Signature	Date	Advisor Signature	Date
FOR COLLEGE USE ONLY:	☐ Approved	☐ Denied	
Committee Chair Signature		Date	
RECOMMENDATION:			

Please return this form to the Student and Administrative Services Department.