TEMPORARY TRANSFER POLICIES (Please check):

- Students who have earned more than 90 earned MAY NOT take a summer course as a Temporary Transfer.
- Students may not transfer any credits at other institutions during their residency (the last 30 credits of coursework).
- Students may not transfer more than 66 credits from a Community College.
- No more than eight (8) credits total can be taken as a temporary transfer.
- QPA: ________ (You must have a QPA of at least 2.00)
- This course is NOT offered this summer by La Roche College.
- Total cumulative credits as of the end of the current spring semester: ____________

Procedure:

- Complete form and obtain the required signatures.
- Bring the completed form to the Registrar’s Office for approval by the Registrar. Once you have obtained this approval, you may register for the class(es) at the host institution. Also complete the attached course equivalency form.
- When you have completed the course(s), request the host institution to send an official transcript to La Roche College—Office of the Registrar. Only courses with grades equivalent to a “C” (2.0) or above will be considered for transfer. As transfer credits, the grades will not affect your La Roche College QPA.
- Any exception to the temporary transfer policy requires a letter of support from the student’s advisor and the Department Chair’s signature.

Student’s Name: ___________________________________________ Student’s ID #: ________________

Phone number: __________________________ Email address: _______________________________________

I wish to register at ____________________________________________

   (Institution)        (City)        (St)

For the Summer 20 ____ semester, I wish to register for the following course:

- Host School's Cat. # ________ Section ____ Course Title ____________________________________________ Credits: ___

   La Roche College Equivalency: Course # ________ Course Title: ____________________________________________

- Host School's Cat. # ________ Section ____ Course Title ____________________________________________ Credits: ___

   La Roche College Equivalency: Course # ________ Course Title: ____________________________________________

Any charges to the above requested class(es) must be approved by the La Roche Registrar.

Advisor’s Signature: ________________________________________ Date: ________________

Student’s Signature: ________________________________________ Date: ________________

Registrar’s Approval: ________________________________________ Date: ________________

Registrar Use Only: _____ Course Description Approved ______ Transcript Received ______ Courses Transferred