TEMPORARY TRANSFER POLICIES:
• Students who have earned more than 90 credits 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 90 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.
• 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