TEMPORARY TRANSFER POLICIES:

- 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 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 University.
- 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 University—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 University 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 University Equivalency: Course # _______ Course Title: __________________________

- Host School’s Cat. # _______ Section ____ Course Title __________________________ Credits: ___

  La Roche University 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