

# Transfer Approval Form

# California Lutheran University

NAME \_\_\_\_\_

ID # \_\_\_\_\_

PHONE # \_\_\_\_\_

CAMPUS BOX # or ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

*If a transfer approval form was submitted previously, an official transcript must be received before we will consider any additional approvals. Transcripts must be submitted to CLU by November 1<sup>st</sup> for Spring/Summer courses and April 1<sup>st</sup> for Fall courses. Athletes must submit official transcripts as soon as possible to remain eligible to practice & compete.*

Institution You Plan to Attend: \_\_\_\_\_

This School Uses the Following System: Semesters \_\_\_\_\_ Quarters \_\_\_\_\_

Term You Plan to Attend: \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring Year: 20\_\_\_\_

Reason for taking courses outside of CLU: \_\_\_\_\_

**Below please list the course information from the school which you will be attending. Check which requirements you hope to fulfill. FOR CORE 21 LIST SPECIFIC REQUIREMENTS.**

Dept.	Course #	Course Title	CORE	Which CORE?	Major/Minor*	Elective	Credits

**\*If Major/Minor box is checked, COMPLETE MAJOR/MINOR SUBSTITUTION FORM SEE REVERSE**

- Community College courses fulfilling upper division course content will transfer in as lower division only.
- Quarter credits convert to semester credits on a 2/3 basis.
- Students may transfer a maximum of 70 semester credits from a junior/community college.
- 30 of the final 40 units taken prior to graduation must be completed at CLU.
- CLU and Cumulative GPA must both be 2.00 or higher to stay off academic probation and eligible for athletics.

**\*\*Exceptions to this policy must be approved by petition prior to registration for courses\*\***

### REGISTRAR'S OFFICE USE ONLY

TOTAL CUMULATIVE CREDITS: \_\_\_\_\_ JUNIOR COLLEGE TRANSFER CREDITS TO DATE: \_\_\_\_\_

\_\_\_ NOT APPROVED \_\_\_ APPROVED FOR: (see below)

\_\_\_ Subject Content and Unit Credits \_\_\_ Subject Content Only (GPA will be affected but no units will transfer)

\_\_\_ Elective credit only (Units will transfer in and GPA will be affected but no requirements will be satisfied)

EQUIVALENCIES & COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVALUATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Major/Minor Substitution Approval Form**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Major: \_\_\_\_\_ B.A. or B.S. (circle one)

Minor: \_\_\_\_\_ Emphasis: \_\_\_\_\_

<b>Required CLU Course</b>	<b>Substitute Course No. and Title of Course</b>	<b>Institution</b>

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to the Registrar's office.