Permission to Attend Another Institution Transfer Course Approval Request Form

Office of Advising
190 Prospect Ave.
Elmhurst, IL 60126
(630)617-3450
advising@elmhurst.edu

Print Student Name ___
eNumber ___
Student’s Signature ___
Elmhurst College E-mail Address ___
Phone Number ___
Date ___ Anticipated Graduation Date ___

1. Attach college catalog course description(s) [Exception: Course is listed on the EC website].
2. Obtain your faculty advisor’s signature.
3. Obtain appropriate department chair’s signature [Exception: ECIC or General Education Courses].
4. Study abroad courses require the signature of the International Education Director [CPE].
5. Turn in the completed form, including Advisor signature, to the Office of Advising, Goebel Hall, Room 103.
6. Allow 2-3 weeks for review. Results will be sent to your EC email.

Reminders (see College Catalog for more information):
- Students who have already earned 17.50 course credits at a 2-year institution should request approval to take classes at a 4-year institution.
- The last 8 course credits must be completed at Elmhurst College [residency requirement].
- Students cannot take courses at two institutions at the same time without prior permission [concurrent enrollment].
- All repeats must be taken at Elmhurst College, whether the course was originally attempted for credit at EC or another institution.
- It is the student’s responsibility to request an official transcript be sent to the Registrar’s Office at Elmhurst College, as soon as the course work is completed. Transfer credit will not be posted until an official transcript is received.

I request permission to take the following courses at ___________________________ during: ___________________________

Name of College or University Term Year

NOTE: Course approval is valid only for term and course(s) indicated. Students are not permitted to take a college course elsewhere if it is being offered at EC during the same term.

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
<th>Class Type*</th>
<th>Semester Hours</th>
<th>Quarter Hours</th>
<th>EC Credit</th>
<th>EC Course Equivalent</th>
<th>Dept. Chair Signature</th>
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*ECIC, Major, Minor, Elective, Other

Concurrent Enrollment

Residency

Current status at Elmhurst College: ______________________ Year in School: ______________________

This request also includes petition to waive: Residency

Reason for study elsewhere (if more room is needed, please attach separate sheet):

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

REQUIRED - Advisor Rationale for Request (if more room is needed, please attach separate sheet):

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Advisor Signature and Date ___________________________________ Print Advisor Name ____________________________

Office Use Only

☐ Excess credit – minimum graduation credits increased to _____________

Approved: ______ Denied: ______ _______________ Date: ________________

Signature of the Academic Affairs Dean

Criteria for decision: _______________________________________________________________________________________________________________________________________

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