



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

**Permission to Attend Another Institution
 Transfer Course Approval Request Form**

Print Student Name

Student's Signature

Student's Phone Number

eNumber

Elmhurst University E-mail Address

Date

Anticipated Graduation Date

1. **Attach college catalog course description(s) unless the course is listed on the EU website.**
2. **Obtain your faculty advisor's signature and support for your request - an attached email from the advisor is acceptable.**
3. **Obtain the appropriate department chair's signature only if the course is for your major/minor and not an Integrated Curriculum course.**
4. Study away courses require the signature of the Director of Study Away.
5. Turn in the completed form, including Advisor signature/email to the Office of Advising, Goebel Hall, Room 103 or advising@elmhurst.edu.
6. Allow 2-3 weeks for review. You and your advisor will both be notified of the Dean's decision via EU email.

Reminders (see the Elmhurst University Catalog for more information):

- Students who have already earned 17.50 course credits at a 2-year institution may only request approval to take classes at a 4-year institution.
- Students nearing graduation might not be eligible to take courses at another institution. They should refer to the Residency policy on page 14 of the E.U. catalog to confirm if they may take courses elsewhere.
- Students cannot take courses at two institutions at the same time without prior permission [**Concurrent Enrollment**].
- **All repeats must be taken at Elmhurst University**, whether the course was originally attempted for credit at EU or another institution.
- It is the student's responsibility to request an official transcript be sent to the Registration & Records at Elmhurst University, as soon as the course work is completed. **Transfer credit will not be posted until an official transcript is received by Registration & Records and confirmation of receipt of any transcript should be directed to that office as well.**

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 EU during the same term.

Other Institution Course Prefix & Number	Other Institution Course Title	EU Class Type*	Semester Hours	Quarter Hours	EU Credit	EU Course Equivalent	Dept. Chair Signature [Required for Major or Minor Classes]
1.							
2.							

*IC, Major, Minor, Elective, Other

Class Level: _____ **This request also includes petition to waive:** Residency Concurrent Enrollment

Year in School

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: _____