

Transfer Credit Pre-Approval

(formerly "Request for Permission to Study Outside CLA")

HOLT undergraduate & CLA students: Submit to the Office of the Registrar by email or in Carnegie Hall (2nd floor)

Undergraduate students may take courses at other regionally accredited institutions, though these courses do not count toward the College's residency requirements.

- Students must secure approval of both the institution and specific courses prior to enrollment at another institution. Completing this form does not constitute registration at the other institution.
- Although grades do not transfer, courses must be taken for a letter grade. Academic credit is given only if a grade of "C-" or better is earned.
- Credit hours will be awarded in semester hours and only for the amount documented on the attended institution's official transcript. If the institution awards credit in quarter hours, Rollins will convert quarter hours to semester hours (by dividing quarter hours by 1.5).
- Students are responsible to request official transcripts from the attended institution to be sent to the Office of the Registrar after courses are completed. The address is at the bottom of this form.

| Student Nan | ne: | | R-Number: | | | |
|--|-------------------------------------|-------------------|-------------------------------|----------------------------|---|--|
| Student Typ | e: College of Liberal A | rts 🗌 Hami | ilton Holt School | l | | |
| Term of Stud | dy: \square Fall \square Spring | Summer | ☐ Maymester | Year of Stu | ıdy: | |
| Institution's | Name & Address: | | | | | |
| | | | | | | |
| An official c | ourse description or syllabu | ıs may be rec | quired upon requ | ıest. | | |
| Course Number | | Credit | Major/Minor Courses | | Gen Ed Courses Office of the Registrar Use Only | |
| | | Hours | Substitute for: (ex. BUS 100) | Approved by: (Initials) | Substitute for: | |
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| | | | | | | |
| Student Signature: | | | | | Date: | |
| Advisor Approval: | | | | | Date: | |
| Please print name and sign. Chair, Major Department: | | | | | Date: | |
| I have indicated and sign. | above with my initials those cou | rses fulfilling m | iajor requirements. I | Please print name | | |
| Chair, Minor Department: | | | | | Date: | |
| Registrar Approval: | | | | | Date: | |
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