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 Name: ________________________________ R-Number: ___________________________

Student Type: □ College of Liberal Arts □ Hamilton Holt School

Term of Study: □ Fall □ Spring □ Summer □ Maymester Year of Study: ______________________

Institution’s Name & Address: ____________________________________________________________

An official course description or syllabus may be required upon request.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Major/Minor Courses</th>
<th>Gen Ed Courses</th>
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<tbody>
<tr>
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<td></td>
<td>Substitute for: (ex. BUS 100)</td>
<td>Approved by: (Initials)</td>
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Student Signature: ___________________________________________ Date: ________________

Advisor Approval: ____________________________________________ Date: ________________

Please print name and sign.

Chair, Major Department: _____________________________________ Date: ________________

I have indicated above with my initials those courses fulfilling major requirements. Please print name and sign.

Chair, Minor Department: _____________________________________ Date: ________________

I have indicated above with my initials those courses fulfilling minor requirements. Please print name and sign.

Registrar Approval: _________________________________________ Date: ________________