University of Louisiana at Lafayette

REQUEST FOR APPROVAL OF TRANSFER OF CREDITS

TO:	Department Head							
	Department of							
FROM:	Student's Name ULID:							
	Major:			_ Classification:				
l reque	•	n to apply the following credi	•	-	•		ser	mester.
	_	ses are listed in their I can examine the course(s) desc		catalog. * <i>You</i> <u>n</u>	nust bring a cop	by of the catal	og with yo	u so that
this red from th	uest will red ne institution O day prior to	ed all necessary pre and/or coquire additional approval. I we have a final grade(s) of the cothe beginning of the semesting and the semest	ill provide the courses.*Stud er.*	e University of dents should ap	Louisiana at loply for admis	Lafayette wit sion to a coll	h a trans	cript
	TRANSFER COURSES				EQUIVALENT (E) OR SUBSTITUTE (S) UL LAFAYETTE COURSE			
Course	Number	Title	Credit	Minimum Grade Acceptable	Course	Number	E/S	Credit
Approv	al – Departr	nent Head's Signature:						
Conditi	ons of appro	oval, if any:						
comple	•	d by the student's Academic e than 6 of the last 30 hours a ds.						_
Approval – Academic Dean: Date:								