

## Prior Approval of Transfer Credit

*This form is for undergraduate student use only. Review the policies in the Bellarmine University Course Catalog entitled "[Study at Other Institutions](#)" and "[Transfer of Credit Policy](#)" to determine eligibility for this application.*

### **Policy Checklist:**

- Attach the **course description from the institution you plan to attend.**
- Current GPA must be 2.00 or above.
- A course already completed at Bellarmine, regardless of grade, cannot be taken at another university for transfer credit.
- Students with 0-59 transfer hours are limited to 12 hours or 4 courses, but no more than 8 hours or 2 courses may apply to General Education, majors, or minors. Students with 60+ transfer hours are limited to 6 hours or 2 courses.

### **Student Information:**

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Major(s): \_\_\_\_\_ Cumulative BU GPA: \_\_\_\_\_

### **Course Information:**

Institution to be attended: \_\_\_\_\_

Semester/Year course will be taken: \_\_\_\_\_

*In the box below, list the course information as it appears in the class schedule of the institution you want to attend. Use a separate form for each course requested.*

Course Subj & Number	Course Title	Credit Hours	Bellarmine Equiv Course Subj & Number (if exists)	Reason (e.g. Gen Ed, major, minor, elective)

Use the lines below to clarify your request if necessary:

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*I agree that I will adhere to the Catalog policies and that I meet the qualifications for this application.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to the Registrar's Office, located in Centro Horrigan Hall 205, for review. Registrar will send results via Bellarmine email.

**Registrar's Review:**    Approved equivalency                       Needs approval

Does not meet the policy requirement: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dept Chair of Transfer Course:**    One-time exception     Approved equivalent     Denied

Denied Comments: \_\_\_\_\_

Dept Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_