

*If submitting this form from off-campus, please follow these instructions:*

1. Complete all necessary fields in the form and save the PDF on your computer.
2. Be sure to include a course description in the body of your email, unless the course is being taken at HACC.
3. Email the PDF form to your advisor and ask them to forward the form to the Registrar's Office (registrar@lvc.edu) indicating their approval.
4. The Registrar's Office will then process your request and send you a confirmation.

## UNDERGRADUATE OFF-CAMPUS COURSE APPROVAL FORM

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

LVC Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Major(s): \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

I request permission to take the following courses and transfer the credit toward graduation from Lebanon Valley College. I understand and agree to the following conditions regarding the transfer of these courses:

- I must earn a minimum grade of C- for undergraduate courses or B for graduate courses. Grades of P will not be accepted. Grades for these courses will not be calculated in my LVC GPA.
- Credit cannot be granted for coursework for which credit was previously or is subsequently granted at LVC.
- I must request the institution to send a sealed, official transcript of the classes taken to the LVC Office of the Registrar before any credit will be granted.

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Session:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Course Number (Include Dept.)	Course Title	Credits	LVC Equivalent (If none, so state)	Purpose (Major, Constellation Req. [QR, IC, LAC], Elective)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total credits planned to transfer to LVC: \_\_\_\_\_

I agree to notify the LVC Registrar's Office if any changes in the above schedule are made. I understand that the final approval of any changes to this schedule and acceptance of courses by LVC is made by the Registrar.

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

Please attach course descriptions for all courses.

Approval by Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Approved with modifications  Denied

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

Associate Dean of Academic Success and Registrar: \_\_\_\_\_ Date: \_\_\_\_\_