# Request for Prior Approval of Transfer Credit

*This form is used when currently enrolled/continuing undergraduate students wish to complete coursework outside of HCU. To receive transfer credit, a grade of "C" or better must be earned at an accredited institution (pass-fail not accepted). The Office of Academic Records must receive an official transcript before the credit can be awarded. It is the student's responsibility to request that the transcript be sent to HCU upon completion of the course with the posted grade. Transferred courses are not included in HCU GPA calculation.*

**Student Name (Last, First, Middle):** _____  **H#:** _____

**HCU email:** _____  **Phone:** _____  **Classification:** _____

**Major:** _____  **Advisor:** _____

**Total hours complete at end of current term:** _____  **Advisor confirmation (initials):** _____

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**I plan to attend** _____ **and enroll in** _____ **credit hours**
      *Name of institution*        *City*      *State*      *#*

**during** _____.  **Student signature:** _____  **Date:** _____
      *semester and year*

*Note: Once an undergraduate student has enrolled at HCU, no more than 18 credit hours will be accepted for transfer credit. Students may be concurrently enrolled in 19 credit hours maximum.*

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| COURSE INFORMATION (OUTSIDE INSTITUTION) | | | | | HCU EQUIVALENT COURSE INFORMATION | | | | DEPARTMENTAL APPROVAL PROCESS | |
|---|---|---|---|---|---|---|---|---|---|---|
| Subject | Course Number | Course Title | Format | Credit Hours | Subject | Course Number | Course Title | Credit Hours | Approved | Signature |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Advisor*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Dean*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Advisor*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Dean*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Advisor*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Dean*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Advisor*   *Date* |
| | | | | | | | | | ☐ Yes ☐ No | _____ *Dean*   *Date* |

*Office of Academic Records Use Only*

**Student notified:** ☐ Yes ☐ No

**Processed by:** _____

**Date:** _____

**Houston Christian UNIVERSITY**
**OFFICE OF ACADEMIC RECORDS**

Revised 9/6/23