COURSE ELSEWHERE APPROVAL FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | W# | |  | | | Date: | |  | |
| Degree or/Certification Program | |  | | | Advisor | | |  | | | | | |
| The student listed above plans to attend | | |  | | | | (Institution) during the | | |  | | session (semester/yr.) |
| has my approval to schedule courses from among the following: | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution Course Title & Number** | **Semester & Year** | **Semester Hours Credits** | **Southeastern Course Equivalent** | **Graduate Coordinator Approval** | **Department Head Approval** | **Academic Dean Approval** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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I recommend that the student be permitted to transfer the above courses to Southeastern Louisiana University as indicated by my initials in the Required Approval Section.

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# Graduate Coordinator Date Academic Dean Date

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# Department Head Date Director of Graduate Studies Date

**TRANSFER OF CREDIT REQUIREMENTS:**

* Southeastern’s Graduate Admissions must have an official transcript from the institution(s) where the credit originated.
* The credit must be graduate credit earned at another accredited institution.
* You must have earned 12 semester hours of Graduate Residence credit at Southeastern before applying for transfer of graduate credit.
* No more than one-third of the hours required for the degree may be transferred. For collaborative degree programs (Master’s of Science in Nursing and the Ed.D. in Educational Leadership) and academic partnerships (Doctor of Nursing Practice) with other institutions, at least one-third of the credit hours required for graduate must be earned through instruction offered by Southeastern.