



External Course of Study Request

(Request to take courses elsewhere for transfer credit toward current degree program)

PLEASE PRINT

Student Name _____ Student ID# _____
Last First M.I.

Street Address _____

City State Zip _____

Telephone (home) (____) _____ (work) (____) _____ (cell) (____) _____

Fax (____) _____ Email _____

Degree Program CBCC AAB AABS BA BAB BABS BS BSBA BSHS

Student Status Freshman Sophomore Junior Senior

For Term Fall Spring Academic Year: _____ - _____

College /University	Department	Course # and Title**	Credits	Possible LBC/CUTS Course Equivalents

**Attach a course description and return with this form to LBC/CUTS Registrar.

The reason for taking this/these course(s) _____

Student Signature _____

Date _____

ACADEMIC ADVISOR APPROVAL

Selected course(s) meets program requirements.

Signature: Academic Advisor

Date

ADMINISTRATIVE APPROVAL

_____ **Approved** - Student must complete current term in good academic standing; Student must have official transcript sent to LBC/CUTS Registrar for transfer credit after completing the course.

_____ **Not Approved**

Signature: LBC/CUTS Registrar

Date

Copies to: Student Accounts- Date: _____; Student -Date _____