



TRANSIENT STUDENT CREDIT REQUEST FORM

Please complete the following **two (2) pages** of information and then **return both pages** to the Counseling Office reception desk.

Student Full Legal Name _____
(Last) (First) (MI) (Other Last Names)

Social Security Number _____

Student Phone Number: Home (____) _____ Business (____) _____

Name and complete address of other institution you plan to attend

_____ Institution Street Address

_____ City State Zip

Term _____ Year _____

Course to be taken at other institution LCCC Equivalent you are requesting

Conditions for Transferring Credit to LCCC

1. A grade of "C" or better must be earned for a course to transfer.
2. Student must request that an **official** transcript be sent to LCCC at the end of the approved term, but no later than six (6) months after completion of the class.
3. All course work must be completed at an institution accredited by the Association of Schools and Colleges.
4. To transfer course credit, the number of credit hours completed at another institution may not exceed the number the equivalent LCCC course counts. (Ex. CSU course is 4 semester hours, LCCC course is 3, you will be awarded 3 hours.)

I have read the above conditions of transfer and agree to them. It is my responsibility to pick up my approved official Transient Credit form from the receptionist in the Counseling office, no sooner than five (5) business days, but no later than thirty (30) business days from the time I submit this correctly completed request

Student Signature _____ Date _____

