



# Course Approval Form

Liberty Student ID # \_\_\_\_\_

Name \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

**DIRECTIONS**

1. This form must be completed using an ink pen.
2. Please complete the requested information below. Course(s) must be similar in scope and content to transfer as the Liberty course. Courses that do not meet this requirement will be considered elective credit (ELEC XXX) and need the department approval to substitute for the course on your Degree Completion Plan.
3. Course descriptions for each course must accompany this request.
4. The course(s) must be taken at an accredited university or through an LU-approved study abroad program.
5. An official transcript, in English, must be received by the Registrar's Office following completion of the study abroad semester. A grade of "C" or better for undergraduate courses is required to obtain transfer credit. Courses earning grades of P or S may not transfer. Transfer credit is not calculated into your GPA at Liberty University.

**WARNING:** You must take the approved courses to insure proper transfer credit. Not taking the approved courses could negatively affect your financial aid disbursement.

**WARNING:** A lower-level course substituting for an upper-level requirement will not count toward the total number of upper-level hours required.

**Major & Minor** \_\_\_\_\_ **Partner Organization** \_\_\_\_\_

**Semester to be Taken** \_\_\_\_\_ **City & Country** \_\_\_\_\_

Host Institution			Liberty University			Office Use Only		
Host Course		Credit Hours (Check one)	LU Transfer Course	Substitute (if necessary)	Credit Hours	School/Dept. Dean/Chair/Dir (Print)	School/Dept. Dean/Chair/Dir (Signature)	Registrar DCPA Approval
Prefix & Number (ex. MTH 105)	Course Title (ex. Math Analysis)	<input type="checkbox"/> ECTS <input type="checkbox"/> CAT <input type="checkbox"/> UK <input type="checkbox"/> USA	Prefix & Number (ex. MATH 115)	Required LU DCP Course	Conversion			

**Students Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LU Send Abroad Office Approval:**

*Official Use: This portion of this form is to be completed by the LU Send Abroad Office.*

*Will the course(s) be taken through an LU Send Abroad-approved study abroad program?*      Yes     No

Name of the LU Send Abroad-approved study abroad program (partner organization): \_\_\_\_\_

*Host Institution/School of Record:* \_\_\_\_\_

*Accreditation:* \_\_\_\_\_

*Is this a Consortium Agreement\* (Financial Aid) request?*      Yes     No

LU Send Abroad Office (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registrar's Office (RO) Approval:**

RO Signature \_\_\_\_\_ Date Signed \_\_\_\_\_