

COURSE ELSEWHERE APPROVAL FORM

Name: _____ W# _____ Date: _____

Degree or/Certification Program _____ Advisor _____

The student listed above plans to attend _____ (Institution) _____ session (semester/yr. during the _____)

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

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.

Graduate Coordinator **Date** **Academic Dean** **Date**

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.