



## CERTIFICATION OF TRANSFER CREDIT

Student's Name: \_\_\_\_\_ SSN/ID# \_\_\_\_\_

Lincoln E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of School where course will be taken: \_\_\_\_\_

**\* NOTE: If non-Missouri school, need to earn a "C" or above to transfer.**

The student plans to enroll for \_\_\_\_\_ (semester) beginning \_\_\_\_\_ (month/year).

**\* A course description for all courses listed below must accompany this form.**

Course #/Title	Credit Hours	LU Equate	LU Department Head Signature

**\* Students may NOT earn upper-division credit (300-400) from a 2-year institution regardless of the LU equate.**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the Office of the Registrar after all signatures are obtained. If your cumulative GPA falls below the minimum required to be a student in good academic standing at Lincoln University, this agreement will be immediately nullified. Once course is completed, you must request the institution to send an official transcript to:

**OFFICE OF THE REGISTRAR  
LINCOLN UNIVERSITY  
820 CHESTNUT ST.  
JEFFERSON CITY, MO 65101**