



CERTIFICATION OF TRANSFER CREDIT

Student's Name: _____ Student ID# _____

Lincoln E-Mail Address: _____

Name of school where course will be transferred from: _____

* **If non-Missouri school, only a grade of "C" or above will transfer.**

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

Course #/Title	Credit Hours	LU Equivalent course or content area	LU Department Head Signature

- * **A course description for all courses listed must accompany this form.**
- * **Students may NOT earn upper-division credit (300-400) from a 2-year institution regardless of the LU equate.**

LU Staff complete this area:

<input type="radio"/> Standardize this equivalency for all students	<input type="checkbox"/> Core 42 (MOTR) approved class
<input type="radio"/> This is a one-time substitution	

Student Signature: _____ Date _____

Registrar Signature: _____ Date _____

Return this form to the **Office of the Registrar** after all signatures are obtained.

Once course is completed, you must request the institution to send an official transcript to:

UNDERGRADUATE ADMISSIONS

**YOUNG HALL B-2
820 CHESTNUT STREET
JEFFERSON CITY, MO 65101**

ADMISSIONS@LINCOLNU.EDU