



# Pre-Approval of Transfer Credit

Registrar's Office  
1100 Rockhurst Road  
Kansas City, MO 64110

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone# \_\_\_\_\_ Total hours earned \_\_\_\_\_  
upon completion of current semester.

Major Declared (Please Circle): Y N If yes, please state: \_\_\_\_\_

Institution where course is to be taken \_\_\_\_\_

Term & Year in which course(s) will be completed: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20 \_\_\_\_\_

Transfer Course(s) Department & Number	Title	Credit Hours	Rockhurst equivalent Dept. Number & Title

*This form should be completed by Undergraduate, degree-seeking students prior to taking courses at another institution.*

*Refer to the Rockhurst Catalog for policies which are applicable to transfer courses. For example: residence credit requirements, course descriptions and prerequisites, program/minor requirements.*

*If accepted, the course(s) listed on this form will transfer to Rockhurst University if the grade received is a "C-" or above for lower division courses or a "C" or above for an upper division course required for the major.*

**It is the student's responsibility to have on official copy of the transcript sent to the Rockhurst Registrar's Office upon completion of the transfer course(s).**

*This form is processed after all signatures are obtained. The Registrar's Office will distribute copies to the student and advisor with final approval/non-approval indicated.*

This course (s) is being taken to satisfy:  
Core requirement \_\_\_\_\_  
Major requirement \_\_\_\_\_  
Elective requirement \_\_\_\_\_ Department Chair Signature (**Major Requirement only**) \_\_\_\_\_

Is the course(s) an upper-level credit course? \_\_\_\_\_

Do you have the necessary prerequisites? \_\_\_\_\_

Is the course(s) a repeat \_\_\_\_\_ If yes, when was previous course taken \_\_\_\_\_  
Where? \_\_\_\_\_

How many hours do you presently have from community college? \_\_\_\_\_  
(Only 64 hrs. of Community College credit can be applied toward your Rockhurst degree.)

Do you have 30 hrs or less to complete your Rockhurst Degree? \_\_\_\_\_  
(A break in the last 30 hours must be approved by the Academic Board, unless the course is taken at a college participating in KCASE.)

Are you enrolled fulltime (12 hrs.) in the same semester at Rockhurst? (KCASE only) \_\_\_\_\_

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

Advisor Notification \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Approval \_\_\_\_\_ Date \_\_\_\_\_

Copy: Advisor; Student