Office of the Registrar

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Portland, Oregon 97219-7899
Phone 503-768-6030
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Email gradreg@lclark.edu

Date:_____

			graduate.lclark.edu
Petition for Transfer Credit			
Name:			
		SS#:	
Home Address:		LC ID#:	
City/State/Zip:			
LC Email:	Ph #	Work Ph #	
Signature:		Date:	
Lewis & Clark College Graduate School of Education and Counseling Course I am Petitioning Course Number and Title/Description			
Department	Course #	Course Title/Description	Credits
no more than five years prior to admission). Please include with petition: (1) Official transcript and a copy of the course description from the university or college catalog or course syllabus. (2) CR/NC or Pass/Fail courses may be accepted if the course catalog or transcript key states that the grade granted is equivalent to a grade of B (3.0) or better.			
(Note: Advisors may request additional information for consideration.)			
OFFICE USE ONLY: TO BE COMPLETED AFTER FULL ADMISSION			
Recommended: Yes	□ No □		
Total Semester Credits	Approved:	out of total credits required for petitioned	l class
Institution transfer cour	eses are coming from		
Subject and course numbers from the outside institution used for the transferring in courses to meet the LC equivalent course:			
Comments:			

Graduate Registrar Signature:______ Date:_____

Reviewer Signature: