

Transfer Inquiry Form

Office of the LAPU Registrar

 Fill out form completely 2) Attach a course description and/or syllabus 3) Return forms to the LAPU Registrar's Office Please allow approximately 2 weeks to receive a response 		
Name:		Date:
LAPU#:	Major	
Address:		
Phone () -	Email:	
Course was completed: OR	Ж́(semester/year)	
Course will be taken: AWWWW	₩₩₩₩₩₩₩₩₩(semester/year)	_
Course Department/Number	Course Title	Units* Quarter
Date course begins:/	ool Name / Date course ends: / /	
This course will take the place of:		
LAPU Course	Course Title	Units*
Turn in completed for	orm with attached course description and/or syllabus to the office The necessary signatures will be obtained for you.	of the LAPU Registrar.
☐ Approved ☐ Denied Program	:	Date
Can this apply to all students?	Yes No	Date
Comments:		
 No upper division credit is give Students must receive a grade *Quarter units will be converted to state of the converted to state of t	follow all of LAPU academic policies as set forth in the University Catalog en for courses taken at a community or junior college. e of C- or better to receive transfer credit. semester units. LAPU gives 2 semester units for every 3 quarter units. than 70 units of junior or two-year college work	Registrar Use Only Received: Dept: SentRec Sent to student: