



TEXAS LUTHERAN UNIVERSITY Exception to Residency Requirement

Catalog Year: _____

Graduation Date: _____

Month/Year

Major: _____

Specialization: _____

Minor: _____

Advisor's Name: _____

This is to notify the Office of Registration and Records of an exception to the residency requirement as indicated in the TLU catalog.

_____ effective _____
Name of Student & ID Number Date

The following courses have been approved for transfer to TLU during the final 24 hours:

TLU Catalog Course	Course to be transferred or taken by examination	Institution where course will be taken

*Note: Lower division courses substituting for upper division requirements do not count towards the required 30 hours of upper division coursework needed to graduate.

You must submit this form with an attached unofficial copy of your transcript to the following persons. Their signatures will signify approval of the above request. It is the responsibility of the student to meet all degree requirements and to provide appropriate transfer transcripts to the Office of Registration and Records to comply with graduation deadlines.

Faculty Advisor's Name

Faculty Advisor's Signature Date

Dept. Chair (of student's major) Name

Dept. Chair's Signature Date