

**OFFICE OF STUDENT FINANCIAL AID  
CONTRACTUAL AGREEMENT**

Between  
LINCOLN UNIVERSITY  
And

*Host Institution*

Lincoln University and the institution named above are herein entering into a contractual agreement for:

<b>Name of Student</b>	<b>Social Security Number</b>	<b>Telephone Number</b>

For which semester are you completing this form:      ☐ Summer\_\_    ☐ Fall\_\_    ☐ Spring\_\_

***NOTE:*** Students must complete this form each semester for which they wish to receive financial aid under a contractual agreement.

**Section I – Student Criteria**

**The student must:**

1. Take courses at the Host Institution, which are transferable to the student's degree program at Lincoln.
2. Be enrolled in a degree-seeking program at Lincoln University, and making satisfactory academic progress as specified by the Lincoln Satisfactory Progress policy.
3. Submit this completed form along with a copy of their registration form from their Host Institution to the Financial Aid Counselor.
4. Submit grade transcripts from their Host Institution at the end of the semester.
5. NOT be receiving financial aid at the Host Institution.

**Section II – To be completed by student's Study Abroad Advisor**

Please list the number of the credit hours for which the student is taking at the Host Institution that are applicable to their program at Lincoln University?            (total credit hours)

Please list the course code/description and number of credits the student is taking at the Host Institution which are applicable to their program at Lincoln University:

Course Code/Description	# of crs.	Course Code/Description	# of crs.

	Dr. Abbes Maazaoui
<i>Study Abroad Advisor. Signature</i>	<i>Printed Name</i>
Foreign Languages & Literatures	610-932-8300. Ext. 1288. maazaoui@lincoln.edu
<i>Academic Department</i>	<i>Telephone No.      /      Email Address</i>



## Request for Permission

Office of the Registrar  
PO Box 179, Lincoln University, PA 19352  
Lincoln Hall, 1<sup>st</sup> Floor  
(484) 365-8087 (484) 365-8116 Fax

Last Name	First Name	Initial	Student Id#
_____	_____	_____	_____

I request permission to take the courses listed below and have them transferred back to Lincoln University. I understand that only grades of "C" or higher in college level courses will be accepted in transfer by Lincoln. Please note, only a maximum of twelve (12) credits of online courses will be accepted at Lincoln.

Name of Educational Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Term and year in which courses will be taken: \_\_\_\_\_ (e.g. Summer 05)

Recommendation of Advisor or Department Chair of Student's Major:	
Signature of Advisor or Chair: _____	Date: _____

COURSE ID at other Institution	COURSE TITLE at other Institution	Lincoln Course it will replace or Requirement Course will satisfy. (If none, write "Serve as an elective")	Online Y or N	Approval of Department Chair **

**\*\*If the course to be taken will NOT be used to satisfy any requirement of the Core Curriculum or the Major, then the Approval by the Chair of the Department offering the course at Lincoln is NOT needed. This is the case of a *University Elective*.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Office of the Registrar will issue a "Permit to Take Courses at Another Institution" based on the information supplied in this form. The *Permit* often is needed by the other institution so that they can allow you to take classes without needing to follow their normal admissions process. The *Permit* also provides you with the knowledge that the specific courses you take and transfer back to Lincoln will serve the purposes for which they received prior approval.

Transfer courses and grades will be placed on your Lincoln transcript **only after receipt of an official transcript** from the other institution. If you bring the transcript in person, it must be in a sealed envelope from the Registrar of the other institution.

**\*The Office of Financial Aid will consider your transferred credits only after they appear on your Lincoln transcript.**

Print Form



## DROP / ADD FORM

Office of the Registrar  
P.O. Box 179  
Lincoln University, PA 19352  
Lincoln Hall, 1<sup>st</sup> Floor  
(484) 365-8087:Phone (484) 365-8116:Fax

Last Name	First Name	Middle Initial	Student ID#
_____	_____	_____	_____

### DROP

COURSE & SECTION e.g., ART-201-01	TERM e.g., Fall 08	COURSE TITLE

\*Instructors approval is NOT REQUIRED to Drop a course, but the instructor should be informed. Dropping a course removes the course from your transcript and may be done UP TO AND INCLUDING the last date to Drop/Add. Withdrawing from a course results in a grade of "W" and may be done UP TO AND INCLUDING the Last Day to Withdraw.

### ADD

		PERMISSIONS	
COURSE & SECTION e.g., ART-201-01	TERM e.g., Fall 08	INSTRUCTOR CONSENT	COURSE CLOSED

\*INSTRUCTOR APPROVAL IS REQUIRED if you are adding the course AFTER the class has already met for four (4) hours or more.

The student should personally inform the instructor in all cases of adding and dropping courses.

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

\_\_\_\_\_  
Date

FOR USE BY OFFICE OF THE REGISTRAR

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_