



# SEATTLE UNIVERSITY

## OFFICE OF THE REGISTRAR & OPERATIONS

901 12<sup>th</sup> Avenue  
P.O. Box 222000  
Seattle, WA 98122-1090  
(206) 220-8030; Fax: (206) 296-2443  
Email: registrar@seattleu.edu

# TRANSFER VERIFICATION REQUEST

(RMRRTV\_C)

**For current undergraduate students only**

### INSTRUCTIONS:

- Submit this form to the Office of the Registrar & Operations **prior** to enrolling in any course at another institution.
- If you plan to enroll at another institution while also registered at SU, approval is required through completion of **Dual Enrollment Request Form**.
- **This form is valid only when reviewed and signed by an Academic Specialist in the Office of the Registrar & Operations.**
- Upon completion of the approved courses, have the institution you attended mail an official transcript to:  
Office of Undergraduate Admissions, Seattle University, 901 12<sup>th</sup> Ave, PO Box 222000, Seattle, WA 98122-1090.

Student ID Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ SU Email: \_\_\_\_\_@seattleu.edu  
Area Code

Student Legal Name: \_\_\_\_\_ Do you receive VA benefits?  Yes  No  
Last First Middle

Major or Program: \_\_\_\_\_

Check one:  Mail the completed form to me  I will pick up the completed form (*Must show photo ID*)

It is recommended you speak with your Advisor to ensure course(s) apply to your academic plan. Did you consult with your advisor?  Yes  No

► Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List the course(s) you plan to take at another institution. Credit is granted in chronological order of when courses were taken. **Once you accumulate 90 credits from all schools, including Seattle University, additional community college courses will satisfy content requirements only and will not apply to the 180 minimum credits required for graduation. The same applies to other four-year colleges or universities once 135 credits are accumulated from all schools including Seattle University. Satisfaction of content requirements means that the SU requirement will be met upon successful completion of the transfer course but credits will not transfer.**

### REGISTRAR APPROVAL

With current registration status, student will have \_\_\_\_\_ total credits after \_\_\_\_\_ quarter.

The course(s) listed on this form will transfer as:  
\_\_\_\_\_ credits OR

\_\_\_\_\_ credits plus content-requirements satisfied OR  
\_\_\_\_\_ content-requirement satisfied

Equivalent SU Course	Core, Major or General Elective	# of Qtr Credits	Min Grade Accepted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total credits you plan to take at this school: \_\_\_\_\_ Year/Term you plan to enroll: \_\_\_\_\_

Are these courses repeats of courses you have previously taken?  Yes  No

*If yes, review the Repeated Courses policy (77-2) at [www.seattleu.edu/registrar](http://www.seattleu.edu/registrar).*

Course subject/number	Course title	Sem or Qtr Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

► \_\_\_\_\_  
Signature, Student Academic Specialist Date

► \_\_\_\_\_  
Signature, Core Director Approval Date

School at which you plan to enroll: \_\_\_\_\_

State in which school is located: \_\_\_\_\_  
ATTACH COPIES OF COURSE DESCRIPTIONS IF THE SCHOOL IS OUTSIDE OF WASHINGTON STATE

Will you also be enrolled at Seattle University this quarter?  Yes  No

If yes, complete the **Dual Enrollment Request Form** for approval from your Associate Dean.

### STUDENT ACADEMIC SPECIALIST COMMENTS: