



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR

901 12th Avenue, HILB 220
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 **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.**
- The completed form will be emailed to you upon completion.
- Upon completion of the approved courses, have the institution you attended mail an official transcript to:
Office of Undergraduate Admissions, Seattle University, 901 12th Ave, PO Box 222000, Seattle, WA 98122-1090.

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

Student Legal Name: _____
Last First Middle

Major or Program: _____

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. **You may only transfer 90 lower division credits or up to 135 total credits (including an additional 45 upper division credits). Additional transfer coursework will satisfy content requirements only and will not apply to the 180 minimum credits required for graduation.** Satisfaction of content requirements means that the Seattle University requirement will be met upon successful completion of the transfer course but credits will not transfer. **The senior year must be spent in residence at the university, which shall be understood to mean the final 45 credits of degree requirements ([Transfer Credit Policy 77-1](#)).**

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

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

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.

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.

Course Subject & Number <small>(e.g., ACCT 203)</small>	Course Title	Sem or Qtr Credits <small>(e.g., 2 QTR)</small>	Intended SU Course Equivalent <small>(e.g., ACCT 2310)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>REGISTRAR APPROVAL</u>			
Equivalent SU Course	CORE, Major or General Elective	# of Qtr Credits	Min Grade Accepted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REGISTRAR COMMENTS

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

STUDENT ACADEMIC SPECIALIST COMMENTS: _____

► _____
Signature, Academic Specialist Date

► _____
Signature, Core Director Approval Date