PERMISSION TO TRANSFER CREDITS / SENIOR RESIDENCE WAIVER

Name:_________________________________________________________ GU ID#:____________________
Last Name: __________________ First Name: __________________ M.I.: __________________
E-mail: ______________________________________________________ Phone#: ________________________
School/College of Major:_______________________________________ (i.e. Arts & Science, Business, Education, Engineering, etc.)
Have you applied to graduate? ☐ Yes ☐ No If yes, for which term (term/year): __________ / __________

SENIOR RESIDENCE WAIVER
If applying to waive your Senior Year in Residence, please give a brief explanation of why:
________________________________________________________________________________________
________________________________________________________________________________________

TRANSFER CREDITS

College/University where credits were or will be completed ______________________________ Date course(s) will be or were completed ____________

Courses to be Transferred:

1) Title: ___________________________________________ Course: ___________ Credits: ___________ Semester / Quarter ____________
   Name of course ____________________________________________ Subject & Course # ___________________________
   Course delivery type (select one): ☐ Online/Internet course ☐ Traditional classroom ☐ Combination
   Substitute for GU requirement (select one): ☐ core ☐ major ☐ minor ☐ general elective
   Transfer as GU course: ___________ Was course previously taken at GU (REFER TO BOTTOM OF PAGE**)? ☐ Yes ☐ No
   Department Chair Signature: _________________________________________________________________

2) Title: ___________________________________________ Course: ___________ Credits: ___________ Semester / Quarter ____________
   Name of course ____________________________________________ Subject & Course # ___________________________
   Course delivery type (select one): ☐ Online/Internet course ☐ Traditional classroom ☐ Combination
   Substitute for GU requirement (select one): ☐ core ☐ major ☐ minor ☐ general elective
   Transfer as GU course: ___________ Was course previously taken at GU (REFER TO BOTTOM OF PAGE**)? ☐ Yes ☐ No
   Department Chair Signature: _________________________________________________________________

REQUIRED SIGNATURES

Student: ___________________________________________ Date: __________________
Advisor: ___________________________________________ Honors Director (if applicable): __________________________________
Dean of Transfer Course: ____________________________ Registrar: __________________________

Note to Students:
One quarter credit transfers to Gonzaga as 0.66 semester credits.
Transfer credits must have a grade of at least 2.00 on a 4.00 scale.
Must have a standard letter grade (i.e., A, B) to use as a major/minor/concentration requirement. Classes completed with a “P” or “S” grade transfer as elective credit only.
A maximum of 64 semester credits may be transferred from community colleges.
The majority of major courses must be taken at GU.
Thesis/Comprehensive exams must be taken through Gonzaga.
Transfer courses do not calculate into your GU GPA.
The maximum attainable credits under the Senior Residence Waiver is 18 semester credits.
Students whose cumulative or major GPA is below 2.00 are not eligible for a senior residence waiver.

**A course considered equivalent in content to a course taken at Gonzaga (and completed with a D grade or higher) may not be taken for transfer back to Gonzaga.

Revised 6/23/15