MARIAN UNIVERSITY
Indianapolis

Transfer Course Approval and Residency Waiver

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Student Name:	**ID #:**
Email:	**Expected Graduation:**
Major(s):	**Advisor(s):**

Transfer Institution:

Transfer Course Please list the department, course number and title (example: BIO 101 Intro to Biology)	**Expected Marian Equivalent** Dept. and #	***Major Course?**	**RO OFFICE USE ONLY**		
			Approve	Deny	RO Initials
		Yes or No			
		Yes or No			
		Yes or No			

*By signing below, the advisor is approving the use of the above course(s) to fulfill a major requirement.

Advisor Signature: _____ Date: _____

Residency Waiver

In the baccalaureate programs, the last twelve hours in the major and the last thirty hours of credit overall must be earned at Marian. In the associate programs, the last nine hours in the major and the last fifteen hours of credit overall must be earned at Marian.

- ☐ This does NOT apply to me.
- ☐ This applies to me and the course(s) will be non-traditional (ex. CLEP) and are listed below (approval required)
- ☐ This applies to me and I am requesting that it be waived for the below reason (approval required)

_____

_____

Bill Harting, Assistant Provost (Marian Hall 110): Approved or Denied Notes:

Signature: _____ Date _____

Overload Agreement

If taking the above listed course(s) will put you at 19 or more credit hours, you must meet the minimum cumulative GPA of 2.75 or obtain approval for Beth Tidball.

- ☐ This will NOT put me into overload. I will have a total of _____ credits for the semester (including the above listed)
- ☐ This will put me into overload but I meet the required GPA of 2.75
- ☐ This will put me into overload but I do not meet the required GPA (signature required)

Beth Tidball Signature: _____ **Date** _____

Beth is located on the first floor of Clare Hall. Signature is NOT required for MAP students.

Student Statement of Understanding

I hereby state that I have read, understand and will comply with the requirements and statements listed on the Transfer Approval Webpage. I am aware that I am responsible for registering myself for the above listed course(s) and that I am responsible for paying all tuition and fees incurred at the transfer institution.

Student Signature* _____ **Date** _____

*This document requires an original/legal signature. A typed in name will not be accepted as a signature.