Student Name: 
ID #: 
Email: 
Expected Graduation: 
Major(s): 
Advisor(s): 
Transfer Institution: 
Semester to be Completed in:

<table>
<thead>
<tr>
<th>Transfer Course</th>
<th>Expected Marian Equivalent Dept. and #</th>
<th>*Major Course?</th>
<th>RO OFFICE USE ONLY</th>
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<td>Yes or No</td>
<td>Approve Deny RO Initials</td>
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*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.