

PERMISSION TO TRANSFER GRADUATE CREDITS

Gonzaga University Registrar's Office

Name: Last _____ First _____ MI _____ ID# _____

Mailing Address _____ City _____ State _____ Zip _____ Program/Degree _____

College/University where credits were/will be completed _____ Date taken _____

TRANSFER CREDIT GUIDELINES:

A maximum of 1/5 of program credits (usually 6 credits for graduates, 12 credits for doctoral) may be transferred.

Course work must be distinctively graduate level by transfer institution

Courses must have been taken within the last five years.

Must have earned a minimum grade of B (P grades must be defined as B or better)

Courses previously applied to a degree may not be transferrable to current program.

All credits are converted to semester credits.

Transfer credit is not granted until all signatures have been obtained.

COURSES TO BE TRANSFERRED:

1) _____
Dept/Course# _____ Credits _____ Title _____

Substitute for which program course/elective: _____

2) _____
Dept/Course# _____ Credits _____ Title _____

Substitute for which program course/elective: _____

3) _____
Dept/Course# _____ Credits _____ Title _____

Substitute for which program course/elective: _____

ADDITIONAL COMMENTS AND RECOMMENDATIONS:

SIGNATURES:

1) _____ 2) _____
Student Date Program Director/Advisor Date

3) _____ 4) _____
Dean of Students program Date Registrar Date