SEATTLE UNIVERSITY
OFFICE OF THE REGISTRAR & OPERATIONS
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

DUAL ENROLLMENT REQUEST

(RMRRDERC)

For current undergraduate students only

Student ID Number: _____ SU Email: _____@seattleu.edu

Student Legal Name: _____
Last First Middle

Major or Program: _____

INSTRUCTIONS:

- Review approved reasons for dual enrollment per the Dual Enrollment Policy below.
- Complete attached Transfer Verification Request along with this form to request Dual Enrollment.

Per DUAL ENROLLMENT POLICY (#75-6)

Consideration of dual enrollment for undergraduate students is initiated when a student submits a "Transfer Verification Request" form to the Registrar. Approval must be obtained in advance of enrollment at the second institution.

There are limited circumstances when dual enrollment is appropriate. Please indicate which approved circumstance applies to you:

_____ When a student would significantly benefit from a course not offered at Seattle University but available at another institution

_____ When, because of infrequency of a particular offering, taking the course at Seattle University would unreasonably delay graduation, a delay which could be avoided by dual enrollment

_____ During a one quarter transition when a student first transfers to Seattle University while still completing course work at the institution from which he or she is transferring

Additional Information if needed: _____

_____

School at which you plan to enroll: _____

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

How many total credits (SU and other institutions) will you take? _____ SU Cum GPA: _____

I understand that dual enrollment is an exception to policy and is not automatically approved.

▶ Student Signature: _____ Date: _____

FOR DEAN'S OFFICE USE ONLY----------

Overload of total credits (if necessary): □ Approved □ Denied

Dual enrollment: □ Approved □ Denied ▶ _____
SIGNATURE, STUDENT'S DEAN OR ASSOCIATE DEAN DATE

DEAN'S OFFICE COMMENTS:

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TRANSFER VERIFICATION REQUEST

(RMRRTV_C)

INSTRUCTIONS:

- Submit this form to the Office of the Registrar & Operations **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 & Operation.**
- 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: _____ Do you receive VA benefits? □ Yes □ No
Last First Middle

Major or Program: _____

Check one: □ Mail the completed form to me □ I will pick up the completed form (*Must show photo ID*)

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 pla*n to take at another institution. Credit is granted in chronological order of when courses were taken. Once you accumulate 90 credits from all schools, including Seattle University, additional community college* courses will satisfy content requirements only and will not apply to the 180 minimum credits required for graduation. The same applies to other *four-year colleges or universities* once 135 credits are accumulated from all schools including Seattle University. Satisfaction of content requirements means that the SU requirement will be met upon successful completion of the transfer course but credits will not transfer.

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

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	Course title	Sem or Qtr Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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.

REGISTRAR APPROVAL

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

Equivalent SU Course	Core, Major or General Elective	# of Qtr Credits	Min Grade Accepted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

▶ _____
Signature, Student Academic Specialist Date

▶ _____
Signature, Core Director Approval Date

STUDENT ACADEMIC SPECIALIST COMMENTS: