Name: ____________________________________________

Last (print) _________________________________ First ____________ Middle.

ID: __________________________ Email Address: _________________________________

Name of Institution: ____________________________________________________________

Sem/Year Course is Offered: Summer ______ Fall ______ January ______ Spring ________

If you wish to have a course applied to GCR requirement or a major/minor requirement, you must specify the requirement in the chart below.

Course Selection

To be considered for approval, submit this form with your advisor’s signature to Goucher’s Registrar Office. If a course is to be applied toward your major/minor, the signature of the program director is required. **Students may take a maximum of 12 credits in total in online courses.**

<table>
<thead>
<tr>
<th>Student Requests Credit For:</th>
<th>For Registrar’s Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept</td>
<td>Transfer Course Numbers</td>
</tr>
<tr>
<td>Y / N</td>
<td></td>
</tr>
</tbody>
</table>

Grading Restrictions: Only credits with grades of “C-” or higher will be accepted. Pass grades are not acceptable for credit except when the grade is defined on the transcript as the equivalent of “C-” or better. Non-Goucher work is not included in the grade point average for all students.

Quantitative restrictions: A maximum of 15 semester hours in total, of non-Goucher summer and winter courses will be credited toward the degree. A maximum of 60 semester hours, including summer and winter credits, will be recognized for transfer to Goucher. A student must complete at least 12 of the last 24 semester hours for the degree at Goucher.

Recognition of Credit: You must request that an official transcript of completed work be sent directly to: Office of the Registrar, Goucher College, 1021 Dulaney Valley Road, Baltimore, MD 21204.

Goucher Commons Requirements: Approval of courses for fulfillment of GCRs is dependent upon the presentation of course descriptions, syllabi, or other relevant course material to the Goucher Registrar.

Signatures

Student’s Signature: ______________________________ Date: __________________________

Advisor’s Signature: ______________________________ Date: __________________________

Registrar Approval: ______________________________ Date: __________________________

Return completed request in person or by mail or fax:
Office of the Registrar | Goucher College | 1021 Dulaney Valley Road | Baltimore, MD 21204
registrar@goucher.edu | Phone: 410-337-6090 | Fax: 410-337-3111