

**BAKER UNIVERSITY – BALDWIN CAMPUS – OFFICE OF THE REGISTRAR  
APPROVAL FOR STUDY AT ANOTHER INSTITUTION**

**DIRECTIONS:** 1. Enter all student information in **Section A**. Enter transfer course information into the Left Hand section of the box below. Read all agreement statements in **Section B**, and sign where indicated. 2. Return completed form to the Registrar’s Office. 3. Allow 24 to 48 hours for your chosen transfer course(s) to be evaluated. 4. Return to the Registrar’s Office to request a photocopy of your evaluated transfer courses.

**Section A:** This is to certify that: \_\_\_\_\_ has permission to take the following course(s)  
(Student Name)

during the \_\_\_\_\_ 20\_\_\_\_ term at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Name of Institution) (City) (State)

My Major(s) is/are: \_\_\_\_\_ Class Level (circle one) FR SO JR SR

TRANSFER INSTITUTION			BAKER UNIVERSITY			
<b>Students: Complete this Left Hand section only</b>			<b>*Students: Please leave this section BLANK</b>			
Crs #	COURSE TITLE	HRS	Crs #	COURSE TITLE	HRS	GEN ED
			~ ~	~ ~ ~ ~ ~ ~ ~ ~	~	~ ~
			~ ~	OFFICE	~	~ ~
			~ ~	USE	~	~ ~
			~ ~	ONLY	~	~ ~
			~ ~	~ ~ ~ ~ ~ ~ ~ ~	~	~ ~

**Section B: Agreement Statements**

- To receive credit at Baker: After your course(s) is/are completed, you must request an official transcript to be sent to the Office of the Registrar at Baker University, P.O. Box 65, Baldwin City, KS, 66006.
- Students must obtain a “C” or better for all transfer courses to be acceptable for credit at Baker University.
- No course work completed at other institutions (transfer work) is included in the calculation of your Baker G.P.A.
- *Students must complete page 2 of this form (Request for Residency Waiver) if this course work is within the final 31 hours toward your degree. If this course work equals more than four hours of credit, this request will be reviewed by the Academic Standards and Enrollment Management (ASEM) Committee for additional approval.*
- Students planning on student teaching and taking course work from another institution during the same term must receive prior approval in writing from the Baker University Education Department in addition to completing a *Request for Residency Waiver* (page 2 of this form).

**I have read the above statements and by signing below, I acknowledge I am aware that I will not receive transfer credit unless all of the above conditions are met.**

Student Signature: \_\_\_\_\_ Office of the Registrar Rec. Date: \_\_\_\_\_

Office of the Registrar Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_

# REQUEST FOR RESIDENCY WAIVER

*Completion of this section is only required if the transferred course work falls within the final 31 hours toward your Baker degree.<sup>1</sup>*

## **Academic Residency Policy**

In order to obtain an undergraduate degree from the CAS or SOE, the following criteria must be met:

1. A minimum of 31 credit hours of course work must be completed in residence at either CAS or SOE,
2. At least 27 of the total credit hours completed at either CAS or SOE must be at the upper-college level (numbered 300 or higher), and
3. The final 31 hours of course work applied toward the degree must be completed in residence at either CAS or SOE. However, a student may transfer up to four credit hours of work toward meeting the residency requirement without making special appeal. *These transfer hours require prior approval by the Registrar's office staff. Upper-level course work applied toward major requirements requires additional approval by the major department(s).*

**If the completion of the course work listed on page 1 of this form will occur within the last 31 hours of the total hours you will be applying toward your Baker degree and is not an approved study abroad experience, please provide the following additional information upon submission of this form.**

Total credit hours being requested for Residency Waiver: \_\_\_\_\_

- *If this course work equals more than four hours of credit, this request will be reviewed by the Academic Standards and Enrollment Management (ASEM) Committee for additional approval.*

Anticipated Graduation Date: \_\_\_\_\_

Brief explanation of the circumstances surrounding this request (e.g., why do you desire to complete this course work at an institution other than Baker?):

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Does this course work include upper-level courses to be applied toward major requirements? If so, this request requires additional approval by the major department(s):*

Department Chair Signature, if necessary: \_\_\_\_\_ Date: \_\_\_\_\_

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## **FOR OFFICE USE ONLY**

Office of the Registrar Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_

<sup>1</sup> Students enrolled in an approved study abroad experience during their last 31 hours will be exempted from this component of the residency requirement and thus no Residency Waiver is required.