

# Transfer Credit Request Form

Registrar's Office

This form is used by new and continuing students to transfer into CGU units or credits from coursework completed at other institutions. This form may also be used to carry forward units from a joint doctoral program or accelerated joint program.

- All requests must be accompanied by an official transcript from the institution offering the course.
- Only graduate level coursework may be transferred into CGU and applied toward a CGU program.
- Students must have received a grade of B or better in the course.
- For international degrees, units must not have been applied towards a bachelor's degree or bachelor's degree equivalency.
- Limits on the number of units that may be transferred are determined by the CGU program.

## STUDENT INFORMATION

CGU ID# 254— \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Academic Program \_\_\_\_\_ Degree \_\_\_\_\_

 **Student Signature** (required) \_\_\_\_\_ Date \_\_\_\_\_

OFFICIAL TRANSCRIPT(S) FOR TRANSFER UNITS REQUESTED IS (check one)  ATTACHED  IN STUDENT FILE

## TRANSFER UNITS REQUEST (Please list courses in *chronological* order.)

Institution	Course Number	Course Title	Grade	# of Units	Type of Units
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem

Total Number of semester units to transfer (Multiply quarter units by .66 to determine semester units) \_\_\_\_\_

CARRY UNITS FORWARD FROM Joint Doc at  CSULB  SDSU OR BA/MA or 4+1 at  CMC  Scripps  Pitzer  Pomona  HMC

Institution	Course Number	Course Title	Grade	# of Units	Type of Units
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem

Total number of semester units to transfer (Multiply quarter units by .66 to determine semester units) \_\_\_\_\_

## ACADEMIC APPROVAL REQUIRED

Academic Advisor/Department Chair \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Reg Office/Date

Data Control/Date