

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 .667 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 .667 to determine semester units) _____

ACADEMIC DEPARTMENT APPROVALS REQUIRED

Advisor/Dept. Chair Name _____ Signature _____ Date _____

Dept. Admin. Rev _____ Signature _____ Date _____