

Request for Validation of Transfer Graduate Credit



1. A separate request form for each course must be filed.
2. An official sealed transcript must be submitted with this form for evaluation.

Last Name

First Name, M.I.

SSN

Home St. Address

City, State, Zip Code

Home Phone

Daytime Phone

Email Address

Date	
Degree Major	Degree Earned <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Other
Graduate Advisor	Institution: Date:

I request evaluation of the following "transfer resident" course completed at:
 80% or more of course work required for the master's degree must be completed in residence.

_____	_____
Institution	Units
_____	_____
Department and Course Number	Grade
_____	_____
Course Title	Date Completed

Student Signature	

Evaluation of Requested Transfer Resident Credit—Office Use Only

Validated as transfer graduate credit equivalent to

 ___ Upper Division ___ Graduate credit
 (subject to individual student's time limit for completion of degree requirements)

Semester/Year Completed

_____ _____

Grade Semester Units Equivalent

Upper division course: no indication that course can be used for Graduate credit.
 Not Validated.

No Graduate credit because:

Reviewed By Date