

Instructions for Student and Graduate Advisor Do not hand write - Must be typed

1. This form should be used only if a transfer-course evaluation must be conducted prior to submission of a Candidacy form. If an advanced evaluation is not necessary, the transfer course should simply be included on the Candidacy form itself. University restrictions of the kind and amount of transfer-course credit permitted can be found in the university catalog. A separate form must be filled out for each transfer course.
2. An official sealed transcript must be submitted with this form to show the transferred class if it is not already on file with GAPE. An unofficial transcript or a copy of the official transcript can be submitted with this form.
3. A copy of the course description must be attached so the graduate advisor may make an informed decision.
4. Graduate advisor: Please enter an SJSU course that is equivalent to the requested transfer course, if it is required for graduation. If an elective course, no equivalency is needed. If there is a compelling reason for substituting a non-equivalent transfer course for a SJSU required course, submit a written justification to the Associate Dean of Graduate Studies.
5. This completed form should be submitted to Window G in the Student Services Center or sent through interoffice mail to extended zip 0017. Do not email.

Student Information

Last Name	First Name, M.I.		
Student ID	Previous Name (if any)		
Current Address	City	State	Zip
Daytime Phone	Email Address		

Transfer Course To Be Evaluated

Institution (University or College)	Units	Grade	Term and Year Taken
Location of Institution	City	State	Country
Course Prefix & Catalog No. (e.g., Phys 200W)			
Course Title			
URL for Course Description			
<input type="checkbox"/> Semester Course	<input type="checkbox"/> Quarter Course	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Undergraduate Course	<input type="checkbox"/> Graduate Course		

To Be Completed By Graduate Advisor Only

The requested course above is equivalent to the following SJSU course. If none, check the box below (but see Instruction No. 4 above).

No Equivalent SJSU Course

Course Prefix & Catalog No. _____
 Course Title _____

Required Signatures

Student Signature _____	Date _____
Graduate Committee Chair or Graduate Advisor (print) _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Graduate Committee Chair or Graduate Advisor (signature) _____	Date _____
GAPE Evaluator (print) _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
GAPE Evaluator (signature) _____	Date _____

For Office Use Only

Number of semester units granted _____
 Comments _____