



# Request for Validation of Transfer Credit

**San José State University  
Graduate Admissions &  
Program Evaluations  
(GAPE) Extended Zip 0017**

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

\_\_\_\_\_  
First Name, M.I.

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Previous Name, if any

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

**Required Signatures**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Approved**      **Denied**

                    

\_\_\_\_\_  
**Master's Committee Chair  
or Graduate Advisor (print)**

\_\_\_\_\_  
**Master's Committee Chair  
or Graduate Advisor (signature)**

\_\_\_\_\_  
**Date**

**Approved**      **Denied**

                    

\_\_\_\_\_  
**GAPE Evaluator (print)**

\_\_\_\_\_  
**GAPE Evaluator (signature)**

\_\_\_\_\_  
**Date**

**INSTRUCTIONS FOR STUDENT AND GRADUATE ADVISOR**

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(s) should simply be included on the Candidacy form itself in Section D. University restrictions on the kind and amount of transfer-course credit permitted can be found in the university catalog.
2. A separate form must be filled out for each transfer course.
3. An official sealed transcript must be submitted with this form.
4. A copy of the course description must be attached so the graduate advisor may make an informed decision.
5. Graduate advisor: Please enter an SJSU course that is equivalent to the requested transfer course, if required for graduation, that is not an elective course. 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 & Research.
6. The completed form should be submitted to the front counter of the Office of Graduate Admissions & Program Evaluations in the Student Services Center.

**TRANSFER COURSE TO BE EVALUATED**

_____ Institution (University or College)	_____ Units	_____ Grade
_____ Location of Institution (City, State, Country)	_____ Term and Year Taken	
_____ Course Title	_____ Dept and Course Number	
_____ 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 box at right (but see instruction no. 5 above).

\_\_\_\_\_  
Dept and Course Number                       No Equivalent SJSU Course

\_\_\_\_\_  
Course Title

**For Office Use Only**

Number of semester units granted \_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_