

# 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