



TRANSFER CREDIT REQUEST FORM

This form must be completed for students receiving transfer credit for courses taken outside CALUMS. Please select the equivalent CALUMS course and write the original course title, the school where the course was taken, when the course was taken, and the number of transfer credits (quarter units) awarded.

STUDENT ID #	Degree & Program	Admitted Quarter/Year (Please check) 20 ____			
		<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Family (Last) Name	First Name	Middle Name		
Street Address	City	State	Zip Code	Date of Birth (mm/dd/yy)	
Telephone No.			Email Address		

Name of Transferring Institution (From) : _____

COURSE NO.	COURSE TITLE (CALUMS)	TRANSFER COURSE TITLE	DATE TAKEN	CREDIT UNITS	OFFICE ONLY

Name of Transferring Institution (From) : _____

COURSE NO.	COURSE TITLE (CALUMS)	TRANSFER COURSE TITLE	DATE TAKEN	CREDIT UNITS	OFFICE ONLY

Student _____
Signature

Date

OFFICE USE ONLY

Approved by Academic Dean _____
Signature

Date

Recorded by Registrar _____
Signature

Date