

Use form to request transfer of graduate level units from another university for consideration into your CGU program or carrying units forward from a joint doctoral program (SDSU/CSULB) or accelerated joint program (BA/MA / 4+1). **Submit completed form** to your academic advisor for approval & processing. An **official** transcript must be attached to this request. If you have an official copy of your transcripts in your CGU student file **check the box below**.

To qualify for the transfer of units from another university:

- The work must have been completed prior to your first semester of enrollment at CGU; with a grade of "B" or higher in a graduate program of an institution accredited by a regional accrediting body; and must be relevant to your program of study at CGU. The coursework must be identified as graduate-level.
- The units must not have been applied towards the bachelor's degree or bachelor's degree equivalency determination for international degrees.
- The number of units transferrable varies (for Master's only) by program (see the Bulletin for details www.cgu.edu/bulletin).

Student Information:

Check here if an official copy of your transcript with the transfer units requested is in your CGU student file.

Last Name: _____ First Name: _____

CGU ID #254 - _____ Academic Dep't: _____ Degree: _____

 Student Signature (required): _____ Date: _____

TRANSFER UNITS REQUEST (Please list courses in **chronological** order.)

Institution	Course Number	Course Title	Grade	# of Units	qtr* / sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
Total # of semester units requested for transfer:				_____	(1 quarter unit = 2/3 of a semester unit)

CARRY UNITS FORWARD REQUEST FROM: Joint Doc at CSULB SDSU or BA/MA or 4+1 at CMC Scripps Pitzer Pomona HMC

Institution	Course Number	Course Title	Grade	# of Units	qtr* / sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qtr <input type="checkbox"/> sem
Total # of semester units requested for transfer:				_____	(1 quarter unit = 2/3 of a semester unit)

Academic Approval (required):

► Academic Advisor/Department Chair: _____
Signature _____ Date _____

For Office Use Only:

Verified : _____ Recorded : _____

Records Office

Date

Data Control

Date

CF519 03/09