

GRADUATE TRANSFER CREDIT EVALUATION REQUEST FORM

If you have completed graduate-level coursework at a regionally accredited institution, you may submit this form to request a transfer evaluation. In order for Pacific Oaks to consider your request, please follow the procedure below:

1. Submit official transcript(s) for coursework you would like evaluated.
2. Attach course descriptions and/or syllabi.
3. Record ALL required information as it appears on the transcript. Please note that Pacific Oaks College courses are based on a semester calendar; any quarter credit earned will be converted to semester credit.
4. Indicate the Pacific Oaks course you believe may be satisfied. You may indicate elective if there is no Pacific Oaks equivalent course.
5. **Refer to the current [Academic Catalog](#) regarding policies on course transfer requests.**

Not all Pacific Oaks graduate programs accept transfer credit. If you have questions regarding the content or rigor of courses required for your program, please consult your Faculty Advisor.

SECTION I: STUDENT INFORMATION			
Name:		Campus:	
PO Email:		Student ID #:	
Faculty Advisor:		Faculty Advisor Email:	
Current Academic Program:			

SECTION II: COURSES FOR EVALUATION			
COURSE 1			
Institution:			
Course #:	Course Title:		
# of Credits:	Year completed:	Grade earned:	
Calendar system: Semester Quarter	Prereq?	Which Pacific Oaks course do you believe this satisfies?	
For Pacific Oaks Use ONLY			
Recommended by Faculty Advisor?	Yes	No	Comments:
Approved by the Chair?	Yes	No	
If APPROVED, indicate whether the external course is considered <div style="margin-left: 20px;"> Directly equivalent to the suggested PO course. OR An acceptable replacement for the suggested PO course. </div>			

OFFICE OF THE REGISTRAR

45 Eureka St., Pasadena, CA 91103

TEL 626.529.8076

RegistrarOffice@pacificoaks.edu

COURSE 2			
Institution:			
Course #:	Course Title:		
# of Credits:	Year completed:	Grade earned:	
Calendar system: Semester Quarter	Prereq?	Which Pacific Oaks course do you believe this satisfies?	
For Pacific Oaks Use ONLY			
Recommended by Faculty Advisor?		Yes No	Comments:
Approved by the Chair?		Yes No	
If APPROVED, indicate whether the external course is considered <div style="margin-left: 20px;"> Directly equivalent to the suggested PO course. OR An acceptable replacement for the suggested PO course. </div>			
COURSE 3			
Institution:			
Course #:	Course Title:		
# of Credits:	Year completed:	Grade earned:	
Calendar system: Semester Quarter	Prereq?	Which Pacific Oaks course do you believe this satisfies?	
For Pacific Oaks Use ONLY			
Recommended by Faculty Advisor?		Yes No	Comments:
Approved by the Chair?		Yes No	
If APPROVED, indicate whether the external course is considered <div style="margin-left: 20px;"> Directly equivalent to the suggested PO course. OR An acceptable replacement for the suggested PO course. </div>			

SECTION III: STUDENT AND FACULTY SIGNATURES	
Student Signature:	Date:
Faculty Advisor Signature:	Date:
Department Chair Signature:	Date:

SECTION IV: PROCESSING (For Registrar's Office use ONLY)	
Registrar's Office Initials:	Date: