

## TRANSFER CREDIT EVALUATION APPEAL FORM

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

SECTION II: ACKNOWLEDGEMENTS
If you have completed undergraduate-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. Please note that Pacific Oaks College courses are based on a semester calendar; any quarter credit earned will be converted to semester credit.
4. Only courses reflecting a minimum grade of "C" or better will be entered as credit.
5. Refer to the current Academic Catalog regarding policies on course transfer requests.

SECTION III: COURSES FOR EVALUATION		
<b>COURSE 1</b>		
Institution:		
Course #:	Course Title:	
# of Credits:	Year completed:	Grade earned:
Calendar system: Semester  Quarter	Prereq?	Which Pacific Oaks course do you believe this satisfies?
<b>For Pacific Oaks Use ONLY</b>		
Recommended by Faculty Advisor?    Yes    No	Comments:	
Approved by the Dean?    Yes    No		
If APPROVED, indicate whether the external course is considered  <b>Directly equivalent</b> to the suggested PO course. OR An acceptable <b>replacement</b> for the suggested PO course.		
<b>COURSE 2</b>		
Institution:		
Course #:	Course Title:	

**OFFICE OF THE REGISTRAR**

45 Eureka St., Pasadena, CA 91103

TEL 626.529.8076

RegistrarOffice@pacificoaks.edu

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

<b>SECTION IV: SIGNATURES</b>	
Student Signature:	Date:
Faculty Advisor Signature:	Date:
Academic Chair Signature:	Date:

<b>SECTION V: PROCESSING (For Registrar's Office Use ONLY)</b>	
Transfer Credit Evaluation Updated	Date:
Transfer credits entered into CNS	Date:
Academic advisor notified of revised TCE	Date:
Registrar's Office Initials:	Date: