

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		
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
Approved by the Dean?	Yes	No
If APPROVED, indicate whether the external course is considered		
Directly equivalent to the suggested PO course. OR An acceptable replacement for the suggested PO course.		
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 Dean?	Yes No	
If APPROVED, indicate whether the external course is considered		
Directly equivalent to the suggested PO course. OR An acceptable replacement for the suggested PO course.		
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 Dean?	Yes No	
If APPROVED, indicate whether the external course is considered		
Directly equivalent to the suggested PO course. OR An acceptable replacement for the suggested PO course.		

SECTION IV: SIGNATURES	
Student Signature:	Date:
Faculty Advisor Signature:	Date:
Academic Chair Signature:	Date:

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