

GRADUATE TRANSFER 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 #:	
Address:		City:	
State:	Zip Code:	Preferred Phone:	
Faculty Advisor Name:		Faculty Advisor Email:	
Current Academic Program:			
<input type="checkbox"/> MA/MFT	<input type="checkbox"/> MA/ECE	<input type="checkbox"/> MA/ED with Credential:	<input type="checkbox"/> Credential Only:

SECTION II: COURSES FOR EVALUATION

COURSE 1

Institution:			
Subject & Course #:		Course Title:	
# Credits:		Year Completed:	Grade Earned:
Calendar System:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Prereq?	Which PO course do you believe this satisfies?
FOR PO USE ONLY			
Recommended by Faculty Advisor?		Remarks:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved by Associate Dean?			
If APPROVED, indicate whether the external course is considered <input type="checkbox"/> Directly equivalent to the suggested PO course. OR <input type="checkbox"/> An acceptable replacement for the suggested PO course.			

COURSE 2		
Institution:		
Subject & Course #:	Course Title:	
# Credits:	Year Completed:	Grade Earned:
Calendar System: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Prereq?	Which PO course do you believe this satisfies?
FOR PO USE ONLY		
Recommended by Faculty Advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Approved by Associate Dean? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If APPROVED, indicate whether the external course is considered <input type="checkbox"/> Directly equivalent to the suggested PO course. OR <input type="checkbox"/> An acceptable replacement for the suggested PO course.		

COURSE 3		
Institution:		
Subject & Course #:	Course Title:	
# Credits:	Year Completed:	Grade Earned:
Calendar System: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Prereq?	Which PO course do you believe this satisfies?
FOR PO USE ONLY		
Recommended by Faculty Advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Approved by Associate Dean? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If APPROVED, indicate whether the external course is considered <input type="checkbox"/> Directly equivalent to the suggested PO course. OR <input type="checkbox"/> An acceptable replacement for the suggested PO course.		

SECTION IV: STUDENT AND FACULTY SIGNATURES

Student Signature:	Date:
Faculty Advisor Signature:	Date:
Associate Dean Signature:	Date:

SECTION VI: PROCESSING (To be completed by the Registrar)

Registrar Office:	Date:
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