



Year: _____ Term: Fall Spring Summer I
 Summer II Summer III

Records and Registration
Transfer Credit Request

This form is designed for use by continuing students to secure approval **prior** to taking courses at another institution. Approval ensures the course(s) listed below can be used to meet degree requirements at SUSLA. Students must attach a copy of the course description(s) from the institution for transfer credit and submit the completed form, with all required signatures, to the Registrar's Office for processing. In order to receive credit, students must request that an official transcript from the institution for transfer credit is released to SUSLA.

This is to certify that _____ has been granted permission to take the following course(s) at
Student's Name *SUSLA Student I.D. #*

Name and Address of College or University

Student's Contact Information (for notification purposes): Email Address _____ Phone Number (____)

Course No.	Course Name	Hrs.	Course No.	Equivalent at SUSLA	Hrs.	Division Review and Approval Signature Required
ENGL 101	Freshman English I	3	ENGL 110	English Composition I	3	

 Student's Signature Date

 Advisor's Signature Date

 Division Dean's Signature Date

 Vice President for Academic Affairs' Signature Date

Registrar's Office Use Only
Date Transcript Received: _____
Date Transfer Credits Posted: _____
Processed by: _____