



GRADUATE TRANSFER CREDIT REVIEW

INSTRUCTIONS

- Complete this form if you wish to transfer graduate-level course work that was completed at another institution in United States before matriculation at CTSB.
- The following documents are required to support your request and complete the evaluation:
 1. Official transcripts
 2. Course description
 3. Syllabi upon request

NOTE: course description or syllabi must be accurate for the dates you attended the classes.
- If you are currently registered in any course for which credit has been granted, and it is not your intention to repeat the course, please be sure to formally drop or withdraw from that course by the published deadlines available on the school website. Tuition refunds are not available after the 'drop' period.

DEADLINES

- Transfer credit requests take 2 to 3 weeks to process from the date that all required documents are received.
- Requests and supporting documents must be received at least 2 weeks before the beginning of the quarter in which you wish to enroll.

FEES

Transfer credit evaluation fee is \$50.00.

RESTRICTIONS

- Only a maximum of **eight (8)** units may be transferred. Please refer to the California Trinity University Catalog for program information.
- Do not include courses that are currently in progress. Only courses successfully completed above **3.0 (B)** on a **4.0** grading scale will be considered for transfer credit.
- Courses are graduate level at the transfer institution and constitute a fair and reasonable equivalent to current CTSB course work at the graduate level.
- Courses logically fit into the program for the degree.

NOTIFICATION

You will receive notification of transfer credit evaluation by e-mail.

Follow up contact: registrar@catu.edu



CALIFORNIA TRINITY UNIVERSITY

2333 Beverly Blvd. Los Angeles, CA 90057

Web: <http://www.catu.edu>

Email: admin@catu.edu

Tel: (213) 484-4440 Fax: (213) 402-6838

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STUDENT INFORMATION

Student Name		Student ID	
Date of Birth		Phone No	
Email Address			

SCHOOL INFORMATION: WHERE YOU ATTENDED

School Name		Academic Year	<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Other _____
School Address			

YOUR INFORMATION IN THE SCHOOL

Degree & Major		Period of Attendance	From (mm/yyyy) : _____ To (mm/yyyy) : _____
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Note: Must earn a 'B' or above in the course(s) for transfer

COURSES APPLYING FOR TRANSFER CREDITS

* A course description for all courses listed above must accompany this form

Student Signature:

Date:

OFFICE USE ONLY

Payment Amount: _____ **Payment Type:** Cash Check Card **Date Paid:** _____ **Payment Received By:** _____

Approval Condition: Approved Conditionally Approved (after verification)

Chief Academic Officer:

Date:

Registrar:

Date: