TRANSFER COURSE APPROVAL

Please check with the Registrar’s Office to determine if courses have already been approved. If not previously approved:

- Complete this form
- Attach a course description from the institution
- Meet with the department chair for approval
- Return the signed form to the Registrar’s Office

Name: ___________________________ Date: __________________

Student ID#: ___________________________ Phone: __________________

Transfer Institution: ___________________________

Transfer Institution term type: Semester Hours _____ Quarter Hours _____

Course 1:
Course ID# & Title from transfer institution: ___________________________

Pacific equivalency or substitution: ___________________________

Course 2:
Course ID# & Title from transfer institution: ___________________________

Pacific equivalency or substitution: ___________________________

Course 3:
Course ID# & Title from transfer institution: ___________________________

Pacific equivalency or substitution: ___________________________

Information to be completed by Department Chair:

Is the course equivalent? Yes _______ No _______

If yes, will the course be equivalent for all students? Yes _______ No _______

Dept. Chair Approval: ___________________________

Revised 08/11