



REQUEST TO TRANSFER CREDIT

STUDENT NAME _____

DATE _____

| COURSE/S TO TRANSFER (ALL INFORMATION IS REQUIRED) | | | | |
|--|----------|--------------|-------|-------|
| YEAR | COURSE # | COURSE TITLE | UNITS | GRADE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| SCHOOL WHERE CREDIT EARNED | CITY |
|----------------------------|------|
| | |
| | |
| | |
| | |
| | |
| | |

| APPROVALS | |
|-----------------------------|-------|
| _____ | _____ |
| ADVISOR'S SIGNATURE | DATE |
| _____ | _____ |
| DEAN OF STUDENT'S SIGNATURE | DATE |

| | |
|---------------------|--|
| INSTRUCTIONS | Complete this form, including signatures, and submit to the FST Office together with official transcripts for all courses listed above. For more information, contact FST at 619-574-5800 |
|---------------------|--|