

## 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:		

### 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Approved by Dean? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If APPROVED, indicate whether the external course is considered <input type="checkbox"/> <b>Directly equivalent</b> to the suggested PO course. <b>OR</b> <input type="checkbox"/> An acceptable <b>replacement</b> 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 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. <b>OR</b> <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 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. <b>OR</b> <input type="checkbox"/> An acceptable replacement for the suggested PO course.		

SECTION IV: STUDENT AND FACULTY SIGNATURES
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Student Signature:	Date:
Faculty Advisor Signature:	Date:
Dean Signature:	Date:

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