

Name: _____ **Student ID:** _____

Degree Program: MAcHM/MSOM DAcHM/DATM

We will respond by e-mail to your e-mail account: _____@_____

You will receive an email notification regarding the approval status of your application.

Notice:

1. Students seeking transfer credits must submit this completed form along with official transcripts from the school requesting transfer, and any other relevant documentation that will aid in the evaluation process.
2. Each form is valid for one institution; if you have credits from multiple schools, kindly submit separate forms for each institution.
3. This form does not guarantee the approval of credit.

Please refer to the Catalog and Student Handbook for additional information.

[A] Previous Institution Information:

Name of Institution: _____ (e.g. Los Angeles Community College) Years Attended: _____ (e.g. 2)

Type of Units: Semester Trimester Quarter

[B] Transfer Units Request:

Course Code	Course Title	Grade	Units	DULA Course Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date:** _____

Transfer Credit Officer's Signature: _____ **Date:** _____

Academic Dean's Signature: _____ **Date:** _____