SAMUEL MERRITT COLLEGE
Office of the Registrar
450 30th Street, Suite 2802, Oakland, California 94609
Telephone: 510.869.1550 Fax: 510.869.6204

TRANSFER CREDIT APPROVAL PETITION

_____ _____
Student Name I.D. #

_____
Current Street Address

_____ _____
City, State, Zip Code Telephone #

_____ _____
Current Level of Enrollment Today's Date

_____ _____
College or University (where course was/will be taken) Term

Dept. & Course Number	Course Title	Unit	* Grade	** Requirement

***If course has already been completed. ****Indicate requirement this course fulfills: major, general education, elective (give specific course number at Samuel Merritt College). Is it a repeat of a course taken previously?**

IMPORTANT: An official transcript must be submitted directly to the Samuel Merritt College Registrar's Office upon completion of the course.

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REGISTRAR'S OFFICE USE ONLY:

Registrar's
Comments:_____

Petition is: ( ) Approved ( ) Denied

_____ Date: _____
Undergraduate/ Graduate Coordinator

_____ Date: _____
Registrar

COPIES: Registrar, Student, Advisor