

SAMUEL MERRITT UNIVERSITY
Office of the Registrar
450 30th Street, Suite 2802, Oakland, CA 94609
510/869-1550 (office) 510/869-6204 (fax)

TRANSFER CREDIT APPROVAL PETITION

 Student Name

 I.D. #

 Current Street Address

 City, State, Zip Code

 Telephone #

 Current Level of Enrollment

 Today's Date

 University or University

 Term

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

***If course is already completed.**

****Indicate requirement this course fulfills: major, general education, elective. Is it a repeat of course taken previously?**

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

Registrar's Comments:

DO NOT WRITE BELOW THIS LINE

Petition is: Approved Denied

 Undergraduate/ Graduate Coordinator

 Date:

 Registrar

 Date:

Copies: Registrar
 Student
 Advisor