

**SAMUEL MERRITT UNIVERSITY**  
**Office of the Registrar**  
**450 30<sup>th</sup> 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 at Samuel Merritt University Today's Date \_\_\_\_\_

\_\_\_\_\_  
College or University where transfer course was previously taken Term course was taken \_\_\_\_\_

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

\*If course is already completed.

\*\*Indicate Samuel Merritt University requirement this course fulfills: E.G. 'NURSG 520', 'PHYTH 721' Is it a repeat of a course taken previously?

**IMPORTANT: A complete course syllabus (not a course description) must accompany this petition in order for the transfer credit to be reviewed. In addition, 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