

SAMUEL MERRITT UNIVERSITY
Office of the Registrar
3100 Telegraph Ave., Suite 1000, 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