TRANSFER COURSE APPROVAL FORM

Student Information

Date of Request: ___________________________ PUC ID: ___________________________
Full Name: ___________________________ Last First Middle
PUC Email address: ___________________________@puc.edu
PUC ID: ___________________________ Daytime Phone: ______ - ______ - ______

TRANSFER COURSE INFORMATION

Name of College/University: ___________________________
Is this an online course?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Prefix &amp; Number</th>
<th>Course Title</th>
<th>Course Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 105</td>
<td>Intro to Biology</td>
<td>5 Quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarter Semester</td>
</tr>
</tbody>
</table>

SECTION I: Course Transferability - To be completed by the Records Office

This course has been reviewed by the Records Office to determine the transferability of the course. By signing below, this course will transfer to PUC as long as the minimum grade is met. This signature does not guarantee the course is equivalent to a PUC course.

Records Office signature: ___________________________ Date: ____________

SECTION II: General Education Equivalency - To be completed by the Records Office

□ Course is equivalent to PUC's course: ___________________________
□ Course has no PUC equivalent but will count toward: ___________________________

GE Area: ___________________________
(Please identify specific requirement met by course)

□ Course has no PUC equivalent and will not count toward the General Education.

Records Office signature: ___________________________ Date: ____________

SECTION III: Major/Minor Equivalency - To be completed by the department chair

Department Chair signature: ___________________________ Date: ____________

□ Course is equivalent to PUC's course: ___________________________
□ Course has no PUC equivalent but will count toward:
  Major / minor / emphasis in: ___________________________
(Please identify specific requirement met by course)

□ Course has no PUC equivalent and will not count toward major / minor / emphasis.

Comments: ___________________________

Please return the completed form to the Records Office.