

TRANSFER COURSE APPROVAL FORM



Records Office
One Angwin Avenue
Angwin, CA 94508
(707) 965-6673
(707) 965-6432 Fax

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

Prefix & Number	Course Title	Course Credits
BIOL 105	<i>EX</i> <i>Intro to Biology</i> <i>MP</i> <i>L</i> <i>E</i>	5 <input checked="" type="checkbox"/> Quarter <input type="checkbox"/> Semester
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester

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.