



Received	_____
Entered	_____
Sent	_____

Request for Course Approval for Transfer Credit toward Professional Certificate Program

REQUIRED INFORMATION

Name (please print) _____ Social Security Number _____

Other Name(s) Previously Used _____

Student's Signature _____ Today's Date _____

Student Contact Information:

Current Address _____

Daytime Phone Number _____ Other Phone Number _____

Email Address _____

Professional Certificate Program (one per form): _____

Transfer Course(s) **YOU MUST ATTACH COURSE DESCRIPTIONS AND SEND OFFICIAL TRANSCRIPT(S):**

1. Course Name & Number: _____

School transferring course from: _____

Course Name & Number: _____

School Transferring course to: _____

2. Course Name & Number: _____

School Transferring course from: _____

Course Name & Number: _____

School Transferring course to: _____

Payment Options – Payment must be included with request form:

Standard Review Process (3-5 weeks for response) No Charge

Priority Review Process (2-5 business days for response) \$25.00

Note: Response time is from the date transcripts and course descriptions are received in the Extension office.

Checks must be written to the UC Regents – Check Number _____

Visa or MasterCard

Credit Card Number _____ Expiration Date _____

Cardholder's Signature _____ Security Code _____

(If your name is not on the credit card account, include the security code and written authorization from the cardholder to charge their credit card, including their signature.)