



Received	_____
Entered	_____
Sent	_____

Request for Course Approval for Transfer Credit toward Professional Certificate Program

REQUIRED INFORMATION:

Name (please print) _____

Social Security Number or International Student I.D. 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: _____

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

PLEASE SUBMIT TO:

UCSB Extension • 1110 Kerr Hall, UCSB, Santa Barbara, CA 93106-1110

Phone: (805) 893-4200 • E-mail: registrars@els.ucsb.edu • www.extension.ucsb.edu