



## **GRADUATE TRANSFER CREDIT REVIEW**

### **INSTRUCTIONS**

- Complete this form if you wish to transfer graduate-level course work that was completed at another institution in United States before matriculation at CTSB.
- The following documents are required to support your request and complete the evaluation:
  1. Official transcripts
  2. Course description
  3. Syllabi upon requestNOTE: course description or syllabi must be accurate for the dates you attended the classes.
- If you are currently registered in any course for which credit has been granted, and it is not your intention to repeat the course, please be sure to formally drop or withdraw from that course by the published deadlines available on the school website. Tuition refunds are not available after the 'drop' period.

### **DEADLINES**

- Transfer credit requests take 2 to 3 weeks to process from the date that all required documents are received.
- Requests and supporting documents must be received at least 2 weeks before the beginning of the quarter in which you wish to enroll.

### **FEES**

Transfer credit evaluation fee is \$50.00.

### **RESTRICTIONS**

- Only a maximum of **eight (8)** units may be transferred. Please refer to the California Trinity School of Business Catalog for program information.
- Do not include courses that are currently in progress. Only courses successfully completed above **3.0 (B)** on a **4.0** grading scale will be considered for transfer credit.
- Courses are graduate level at the transfer institution and constitute a fair and reasonable equivalent to current CTSB course work at the graduate level.
- Courses logically fit into the program for the degree.

### **NOTIFICATION**

You will receive notification of transfer credit evaluation by e-mail.

**Follow up contact:** [registrar@catu.edu](mailto:registrar@catu.edu)



# GRADUATE TRANSFER CREDIT REVIEW

**STUDENT INFORMATION**

<b>Student Name</b>		<b>Student ID</b>	
<b>Date of Birth</b>		<b>Phone No</b>	
<b>Email Address</b>			

**SCHOOL INFORMATION WHERE YOU ATTENDED**

<b>School Name</b>		<b>Academic Year</b>	<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Other _____
<b>School Address</b>			

**YOUR INFORMATION IN THE SCHOOL**

<b>Degree &amp; Major</b>		<b>Period of Attendance</b>	From (mm/yyyy) : _____ To (mm/yyyy) : _____
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Note: Must earn a 'B' or above in the course(s) for transfer

**COURSES APPLYING FOR TRANSFER CREDITS**

School Name:				California Trinity School of Business			
Course Number	Course Title	Unit(s)	Grade	Course Number	Course Title as Credit	Unit(s)	Grade
<b>Total Units Applied</b>		<b>Unit(s)</b>	<b>Grade</b>	<b>Total Units Approved</b>		<b>Unit(s)</b>	<b>Grade</b>

\* A course description for all courses listed above must accompany this form

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Payment Amount:** \_\_\_\_\_ **Payment Type:** Cash Check Card **Date Paid:** \_\_\_\_\_ **Payment Received By:** \_\_\_\_\_

**Approval Condition:** Approved Conditionally Approved (after verification)

**Chief Academic Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar:** \_\_\_\_\_ **Date:** \_\_\_\_\_