

UNDERGRADUATE PETITION FOR TRANSFER OF CREDIT

PRIOR to class reservation: Complete this form and obtain signatures of approval.

Name: _____ ID# _____

Address: _____
number and street city state zip code

Local Telephone No: _____ Proposed date of Graduation: _____ e-mail address: _____

Major: _____ Minor: _____

Name of institution offering course or program (must be accredited and USD approved): _____

Location of course or program: _____

Please supply the following information concerning the course you wish to have transferred to USD:

Dept. _____ Course No. _____ Title: _____

Description of course (from catalog or website): _____

Number of units: _____ _ semester _ quarter

Date course will be taken: From _____ to _____
month/date/year month/day/year

The course listed above will meet the requirements for:

_ General Education in (specific G.E. area): _____

_ Major _ Minor _ Prerequisite for major/minor _ Elective

- I have consulted the USD *Undergraduate Bulletin*. The above course, together with other courses in which I enroll, will not exceed the unit limit load acceptable to USD.
- I understand USD's residency requirement policy as stated in the *Bulletin*.
- I understand that I must achieve, at minimum, a grade of C- for this course to transfer.
- I understand that, **effective Fall 1999**, all transfer work completed during the Fall 1999 semester or later is transferred for unit credit only and is not calculated into the GPA.

After you have obtained signatures from the advisor and the department chair, drop off this form in the appropriate Dean's office (F114 or OH119). Please return in one week to pick up your copy.

Student Signature Date

(do not write below this line)

Approved: _____ Date: _____
Major Advisor: _____

Dept. Chair (if applicable): _____ USD equivalent course

Dean's Office: _____

_ Denied: _____

Comments: _____