



REQUEST TO TRANSFER CREDIT

STUDENT NAME _____

DATE _____

COURSE/S TO TRANSFER (ALL INFORMATION IS REQUIRED)				
YEAR	COURSE #	COURSE TITLE	UNITS	GRADE

SCHOOL WHERE CREDIT EARNED	CITY

APPROVALS	
_____	_____
ADVISOR'S SIGNATURE	DATE
_____	_____
DEAN OF STUDENT'S SIGNATURE	DATE

INSTRUCTIONS	Complete this form, including signatures, and submit to the FST Office together with official transcripts for all courses listed above. For more information, contact FST at 619-574-5800
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