Middle Name (if any)



STUDENT INFORMATION (All required – please print clearly)

This form is to be used when a student wishes to request that credit hours from previous colleges/universities be evaluated for possible transfer credit, to be used toward their degree requirements at PSU. Upon receipt of this petition together with the official transcripts and other supporting documents, PSU will determine the number of credits to be transferred. This also applies to pre-requisite or DBA foundational coursework.

Transfer credit policy: A student who wants to apply courses taken at another college/university toward their PSU degree must understand that the following criteria must be met in order to be considered for transfer of credit:

For graduate/doctoral level: (a) The courses are equivalent to PSU courses, (b) the grade must be B or higher, (c) and the maximum number of transferable credits at the graduate/doctoral level is 8 quarter units or two courses. (d) Pre-requisites are generally undergraduate level and DBA foundational courses are at the graduate level.

For <u>undergraduate level:</u> (a) The courses are equivalent to PSU courses, (b) the grade must be C or higher, (c) and the maximum number of transferable credits is 132 quarter units (33 courses).

Current Mailing Address – S	Street							
City		State	Zi	p/Postal Code	Со	untry		
Phone			E	mail				
PSU Program of Study (Maje	or and Concentration)							
Directions: Please list the evaluated for credit transfer a PSU course. When a coutcomes. A course syllably from the relevant institution acceptable forms of documents.	r of the previous course direct match is unclear us that includes course on detailing program	ework. The cour, the student objectives (where	urse content, ol shall supply hich may includ	ojectives and outco credible documen de learning outcom	omes co itation s nes) or a	onsidered for transfe uitable for determin a copy of a catalog	er must match the content on ning course objectives and (electronic or physical copy	
	Name of Institution/ Degree Received			ved	Nu	mber of courses for Transfer		
	1.							
	2.							
	3.							
	4.							
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	6.							
	7.							
	8.							
Please evaluate for all p By signing below, I certif Student Signature			on this form, a	and all supporting	g docur		and accurate.	
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Date Received	Received By							
Date Updated in CAMS	Updated in CAMS	Ву		-				
		Request for more information						