

Procedures:

1. Attach official transcript/s for course work submitted for transfer.
2. Attach course descriptions and/or syllabi.
3. Record the name of the sending institution, the department and course number as it appears on the transcript, the course title as it appears in the catalog, the number of credits earned, whether they are quarter or semester (please note: 4 quarter credits are equivalent to 2 2/3 semester credits; 5 quarter credits are equivalent to 3 1/3 semester credits), year the course was completed, the grade earned, and the Chapman course you are replacing. You may indicate *elective* if there is no Chapman equivalent course.
4. See the catalog regarding policies on course transfer requests.

Are you receiving Veterans benefits? Yes No

Name _____ Location _____
 Address _____ ID _____
 _____ Program _____

Course 1				
School		On Approved List <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subject & Course No.		Recommended by Advisor <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title		Approved by Division Chair <input type="checkbox"/> Yes <input type="checkbox"/> No		
# Credits	Quarter/Semester			
Year	Grade Rec'd.	Remarks:		
Replaces	Prereq?			

Course 2				
School		On Approved List <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subject & Course No.		Recommended by Advisor <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title		Approved by Division Chair <input type="checkbox"/> Yes <input type="checkbox"/> No		
# Credits	Quarter/Semester			
Year	Grade Rec'd.	Remarks:		
Replaces	Prereq?			

Course 3				
School		On Approved List <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subject & Course No.		Recommended by Advisor <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title		Approved by Division Chair <input type="checkbox"/> Yes <input type="checkbox"/> No		
# Credits	Quarter/Semester			
Year	Grade Rec'd.	Remarks:		
Replaces	Prereq?			

Course 4				
School		On Approved List <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subject & Course No.		Recommended by Advisor <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title		Approved by Division Chair <input type="checkbox"/> Yes <input type="checkbox"/> No		
# Credits	Quarter/Semester			
Year	Grade Rec'd.	Remarks:		
Replaces	Prereq?			

Student Signature _____ Date _____ Division Chair (Print) _____
 Advisor Signature _____ Date _____ Division Chair Signature _____ Date _____