



Charles R. Drew University of Medicine and Science • Office of Registration & Records  
 1731 East 120<sup>th</sup> Street, Los Angeles, CA 90059 • Phone: (323) 563-4838 Fax: (323) 563-4837

## TRANSFER CREDIT EVALUATION PETITION

- Fill out form completely. A **separate form** for each university is required.
- An official transcript from the prior institution must be on file or provided to institution.
- For students seeking credit in program-specific courses, a photocopy of the course description taken from the General Catalog must be accompanied (recommended for General Education courses).
- Submit to your Program Director/MMDSO Dir. of Student Affairs for approval.

**Requirements:** A grade of C (2.0) or higher for undergraduates, grade of B (3.0) or higher for graduate students is required for consideration.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Student ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Start Sem.: \_\_\_\_\_ 20\_\_\_\_ Anticipated Grad.: \_\_\_\_\_ 20\_\_\_\_

Are you currently enrolled at CDU?  Yes  No

Are you a Veteran?  **Yes\***  No *\*If Yes, you must submit **ALL** previous institution transcripts for review prior to the end of your 2<sup>nd</sup> semester. Failure to do so may interrupt VA certification/benefits.*

Name of Institution: \_\_\_\_\_

Course(s) for Review					CDU Credit Requested			Office Use	
Transfer Course #	Transfer Course Title	Sem./Year Taken	Grade	Units	CDU Course #	CDU Course Title	Units	Appvd.	Denied
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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

**Office Use Only**

Total # of Courses Approved: \_\_\_\_\_ Total # of Course Denied: \_\_\_\_\_ Total of # of CDU Units Approved: \_\_\_\_\_

Chair/Program Dir./MMDSO Dir. Of Student Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward to the Office of Registration and Records.**

Office of Registration and Records Signature: \_\_\_\_\_ Date Posted: \_\_\_\_\_

*CDU has a zero tolerance for any form of discrimination and/or harassment including, but not limited to, discrimination and/or harassment on the basis of race, color, sex, sexual orientation, gender, gender identity, gender expression age (over 40), physical handicap, disability, national origin, ancestry, marital status, medical condition, military or veteran status, genetics, or religion. CDU does not prohibit the use of any language unless such prohibition is required for business or academic purposes. CDU will not retaliate against any employee, applicant, or student because they have engaged in protected activity.*