PACIFIC TECH

TRANSFER OF CREDIT REQUEST FORM

Name: _____   **PCT Student ID#:** _____

Degree Program: _____   **Phone Number:** _____

Address: _____

Name of Transfer Institution (do not abbreviate): _____

POLICY:

- This form is for transfer students who seek credit for courses completed at nationally accredited post-secondary institutions.
- Only those faculty and administrative members in Academic Affairs are authorized to evaluate transfer credits.
- The Office of Academic Affairs determines the number of credits from the accredited institutions in the U.S. or other countries.
    - The student earned a grade equivalent of "C" (70% or higher for each course.

PROCEDURES:

1. Attach a copy of the transcript from the institution that you are transferring from.
2. List all courses that you wish to have evaluated/reevaluated with the code number, course title used by the institution.
3. Once the courses have been evaluated, make sure that the PCT equivalent and signature is clearly noted on the form.
4. Make a copy of this form for your records and submit the original to the Office of Academic Affairs.
5. Approved courses will not be posted to your record unless the final transcript has been received.

TRANSFER OF CREDIT ANALYSIS

COURSE NUMBER (Transfer Institution)	COURSE TITLE (transfer institution)	PCT EQUIVALENT & CREDITS (evaluator use only	EVALUATOR SIGNATURE (evaluator use only)

Signature: _____ **Date:** _____

For Office Use Only

Total Credits Transferred: _____

Processed By: _____Title: _____

Signature: _____ **Date:** _____

Confirmed By: _____ (Chief Academic Officer)

Signature: _____ **Date:** _____