

REQUEST FOR GRADUATE PROGRAM TRANSFER UNIT EVALUATION*

Name:				Student ID:					
Master's Prog	gram: _								
hone:				Email:					
n a 30-unit prequirements of acceptable, are notude these of	rogram of any o e appro ourses	wing upper division and/or grad) be evaluated for transfer to other degree program and were ved by my graduate program on my Advancement to Candida pproval at the time of application	San Fran complete advisor ar acy (ATC)	ncisco State U d after earning nd Graduate C form. I unders	Iniversity. The the baccala oordinator, a tand that an	ese units have ureate degree. I nd fall within the y units evaluate	not been used f the courses a e seven-year line ed as acceptab	d to meet the are found to be mit, I intend to ale for transfer	
Institutio	n	Course Department, N	lumber a	nd Title	Term &	Year Taken	To Substitu	ıte For**	
*16.41-1-1) D	I# D#	:				
	_	e attach a Waiver of Graduate F	· ·	•	•	iter of support.			
Check One:		fficial transcripts that include these courses are attached. fficial transcripts that include these courses are already on file at SFSU. NOTE: Please attach complete unofficial							
		λπισιαι transcripts that include th es (front and back) of your trans				U. NOTE: Pleas	e attach comple	te unoπiciai	
Student:			•		· ·				
	(Тур	e or print name)	(Signature)			(Date)		
	or the M	re found to be acceptable to the laster's degree offered by our de	epartment.		rposes, they v	would be propose	ed for use in me		
Graduate Coord	dinator:			(Signa	turo			(Data)	
	(Type or print name)			(Signature)			(Date)		
		SPACE BE	LOW NO	T TO BE USED	BY APPLIC	ANT			
Institution		Course Department, Number ar	nd Title	Semester U	nits/Grade	Class Level	Approved*	Denied	
		<u> </u>							
Refer to Unive legrees.	ersity Bu	ulletin for complete information re	egarding tl	he conditions u	nder which tr	ansfer credit may	be allowed for	advanced	
REMARKS:									
Evaluated by							– Date ––		