



Charles R. Drew University of Medicine and Science • Office of Registration & Records
 1731 East 120th 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.
- Continuing students submit to your Program Director/MMDSON Dir. of Student Affairs for approval.
- New students submit to your enrollment specialist.

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: _____ CDU Student ID: _____ Telephone: _____

Program of Study: _____ Start Sem.: _____ 20____ Anticipated Grad.: _____ 20____

Are you currently enrolled at CDU? Yes No (submit to Enrollment Specialist)

Are you a Veteran? Yes* No *If Yes, you must submit **ALL** previous institution transcripts for review prior to the end of your 2nd 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: _____ # of Course Denied: _____ # of CDU Units Approved: _____

Official Transcript on File: Yes No Submit By: _____

Completed Evaluation Forwarded to Office of Reg. & Records _____

Chair/Program Dir/MMDSON Dir. Of Student Affairs Signature: _____
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.