

Student Name

Student ID Number

PETITION FOR CURRENTLY ENROLLED STUDENTS TO TRANSFER CREDIT FROM ANOTHER INSTITUTION

This petition must be fully approved and filed with the Registrar before enrolling elsewhere if transfer credit is desired. (See catalog for restrictions and requirements for transfer units)

Name/Address of Other Institution: _____ Term _____ or Semester _____
 Date of Proposed Attendance: _____

COURSE(S) TO BE TAKEN

Dept/Number	Course Title	Number of course units at Institution	** Sem/Qtr System	Similar Course Number at Oxy (if applicable)	Signature of Chair of Occidental Department offering similar course	Print Name	Department	Date

I understand that upon successful completion of the work listed above I must arrange to have an **official transcript** sent directly to the Occidental College Registrar.

**** Quarter units are multiplied by .66 to equal Oxy units**

Signature of Student _____ Date _____ Classification _____ Major _____ P.O. Box _____ Phone # _____ Email Address _____

APPROVED _____ ACTION BY: _____
 Adviser Name (Print) _____ Signature _____ Department _____ Date _____ Registrar

REMARKS AS TO THE DISPOSITION OF UNITS TRANSFERRED, INCLUDING WHETHER THE COURSE WILL FULFILL A SPECIFIC COLLEGE REQUIREMENT:
To be completed by a Professor or an appropriate Administrative Office (Accepted for major, minor, Core, etc.)

Note: Transfer course grades are **not** calculated into the Occidental College g.p.a.