



California State University  
**Dominguez Hills**

**OFFICE OF RECORDS AND REGISTRATION**

1000 East Victoria Street • Carson, CA 90747

**CREDIT FOR TRANSFERRED GRADUATE WORK**

**TO BE COMPLETED BY STUDENT:** Please consult the current CSUDH catalog. File this form with the Master's Program. It will be processed with the Degree Check. A maximum of nine (9) approved semester units completed at another institution/s may be applied toward a Master's Program at CSUDH. Programs with a unit requirement that exceeds 30 units may allow more than 9 units, but may not exceed 30% of the total units for the degree. Rounding up is not permitted. The course work must have been completed as a graduate student and must be relevant to the degree program. A maximum of nine semester units of approved credit may be transferred from an accredited college or unit for a 30-unit program.

Last Name	First Name	Middle Name	Student I.D. # _____
Address			Expected Graduation Date _____
City			Prior Name _____
	State	Zip	

**TO BE COMPLETED BY MAJOR DEPARTMENT:** List transfer graduate work for use in the Master's Program, to be evaluated by the Office of the Registrar.

University	Dept., Course No. and Title	Term & Year Taken

Official transcripts for the above courses must be on file in the Registrar's office.

Graduate Advisor's Signature	Date

**TO BE COMPLETED BY OFFICE OF THE REGISTRAR:**  
The transferred graduate course work has been evaluated as follows:

School & Year	Dept. Course #	Course Description	Units	Grade	Approved for M.A.	Not Approved for M.A.

REMARKS: \_\_\_\_\_

Evaluated By	Date
Graduate Credit Posted	