

Petition for Evaluation of Transfer Credit

Please submit directly to Student Records department, by emailing form to records@kpsahs.edu, faxing form to 510-231-5155, or mailing form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804.

Student Name: _____ Student ID#: _____
 KPSAHS Program & Expected Grad Date: _____
 Preferred Phone: _____ Preferred Email: _____

List of 4-year institutions where upper-division course work was completed:

Institution Name	Official Transcript Submitted during Admissions?	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Official transcripts not submitted during the admissions process should be requested by the student and mailed directly to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804.

Note: KPSAHS Student Records Staff will review all transcripts on file for applicable transfer coursework. If you want to recommend a specific course be evaluated for a GE requirement, please attach a separate page with your recommendation.

Student Signature: _____ Date: _____

Internal Office Use Only

Transfer credits awarded for:

Course Prefix & Name	Institution ("Sending Institution")	KPSAHS Course Requirement	Credits	Accept	Decline	Request Syllabus
				<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"/>

If marked here, prior course work is not eligible for transfer credit into student's program. Transcript evaluated and no transferable credits are available.

Evaluator's Name and Title: _____ Evaluation Date: _____

Evaluator's Signature: _____

Note: Transfer credits will be posted to the student's KPSAHS record only upon receipt of official transcript(s).