

Petition for Evaluation of Transfer Credit

Please submit directly to Student Records department, by emailing form to KPSAHS-Student-Records@kp.org, faxing form to 855-849-3381, or mailing form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804.

Student Name: _____ Student ID# (optional): _____
KPSAHS Program: _____ Expected Grad Date: _____
Preferred Email: _____
Please select one: ☐ Initial Petition ☐ First Appeal ☐ Second Appeal

List of colleges or universities where course work was completed. If you've attended more than four colleges or universities, include their names in your email cover letter.

<i>Institution Name</i>	<i>Official Transcript Submitted during Admissions?</i>	
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 provided electronically to KPSAHS-Student-Records@kp.org.

Student Signature: _____ Date: _____

Internal Office Use Only

Transfer credits awarded for:

<i>Course Prefix & Name</i>	<i>Institution ("Sending Institution")</i>	<i>KPSAHS Course Requirement</i>	<i>Credits</i>	<i>Accept</i>	<i>Decline</i>	<i>Request Syllabus</i>
				<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 Title: _____ Evaluation Date: _____

Evaluator's Signature: _____