

SCRIPPS COLLEGE OF COMMUNICATION

AUTHORIZATION FOR TRANSFER OF CREDIT

Name _____ PID# _____

School of Information and Telecommunications Systems First enrolled (Qtr/Yr) _____

The courses listed below are being transferred from: _____ of _____ This institution was on the _____ Qtr _____ Semester _____ Other System.

If other, please explain, _____

NOTE: HOURS LISTED BELOW MUST BE CONVERTED TO QUARTER HOURS. To do this, multiply semester hours by 1.5, i.e. 2 semester hours = 3 quarter hours, 3 semester hours = 4.5 quarter hours, etc. Students must have a "B" or better for transfer to be accepted.

<u>Dept & Catalog #</u>	<u>Course Title</u>	<u>Qtr Hrs</u>	<u>When Taken</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach separate listing if number of courses exceeds available space.

Advisor _____ Date _____

REQUIRED SIGNATURES

_____ Associate Director for Graduate Studies	_____ Date	_____ Associate Dean, College of Communication	_____ Date
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Date from and ORIGINAL/OFFICIAL TRANSCRIPT sent to Associate Dean, Scripps College of Communication, RTVC 483.

Date Official Transcript and copy of form sent from College to Office of Graduate Student Services.

Date copy of form and Transcript filed in College Student Records Office upon approval by the Associate Dean and originals returned to the Associate Director for Grad Studies,
 School of Information and Telecommunication Systems