



Bethesda University

730 North Euclid Street, Anaheim, California 92801 Tel: (714)683-1212, Fax: (714)683-1205

Request for Transfer Credit from Previous Institution

Student Name: _____ Student ID: _____

Major and _____

Degree: Undergraduate Graduate

Please list all of your previous Institutions' earned units and degree(s) if applicable to be reviewed by Bethesda University.

#	Name of Institution(s)	Degree Earned	Units Earned
1.			
2.			
3.			
4.			
5.			
Total Earned Units to be Reviewed			

I am requesting for evaluation of the official transcript(s) to receive transfer credit units from previous institution(s).

Student Signature: _____ Date: _____

TO BE FILLED OUT BY BETHESDA UNIVERSITY OFFICIALS		
Previous Institution(s)		
	Total Approved Units	
Required Units in BU	Total _____ Units – _____ Units = _____ Units	

Chair of General Education: _____
(If applicable) Signature Date

Chair of Department: _____
Signature Date

Chief Academic Officer: _____
Signature Date