

Teaching Credential Courses

Name: _____ Date: _____

Please fill in the following information about the **UCR University Extension course** that you would like transfer credit to be considered:

UCRX Course: EDUC _____ Course Title: _____

Please fill in the following information about the **graduate course** that you would like to be considered for transfer:

College/University: _____

Course Number: _____ Number of Units: _____ Quarter _____ Semester _____

Course Title: _____

Course Completed: _____ Fall _____ Winter _____ Spring _____ Summer

Course Grade: _____ A _____ B Courses with a grade of A or B will be considered for transfer.

Year Completed: 20_____ Coursework must have been completed within the last 5 years.

This college/university was accredited through the following regional accrediting agency (please check one):

_____ Accrediting Commission for Community and Junior Colleges (ACCJC) Western Association of Schools and Colleges www.accjc.org

_____ Higher Learning Commission (HLC)

_____ Middle States Commission on Higher Education (MSCHE)

_____ New England Commission of Higher Education (NECHE)

_____ Northwest Commission on Colleges and Universities (NWCCU)

_____ Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

Please attach the following documentation with this form:

_____ Official Transcripts (if not already submitted with application packet)

_____ Course **syllabus** that lists learning objectives, topics and methods of assessment. Course descriptions are not acceptable.

Credentials Office Use Only

Approved Not Accepted

Coordinator or Director:

_____ Date: _____

*** Please use a separate form for each course transfer request. ***