PACIFICA GRADUATE INSTITUTE

Request for Transfer Credit

STUDENT INFORMATION			
Name:		Date:	
Telephone:		Program:	

COURSE INFORMATION

I, the undersigned, have reviewed the transfer credit policy in the Student Handbook and request Transfer Credit for the following course (one form per course):

Pacifica Required Course Information:

Course ID #_____ Unit Value _____

Title _____

Previously Taken Course Information:

Course ID # _____ Unit Value _____

Title _____

Name of Institution _____

Please provide documentation to support your request:

☐ Course syllabus or outline & reading list

☐ Course Description

☐ Grade report or transcript

Transfer credit will be evaluated on the content, unit value, grade, and level of instruction, and when the original course was taken. All transferable courses from other institutions must have been completed no more than four years prior to matriculation at Pacifica Graduate Institute.
Transfer credit is NOT reversible and a student may not audit a course they have received transfer credit for.

Evaluator's Review:

Criteria:

Transfer Credit Accepted: _____
Transfer Credit Denied: _____
Registrar Office Review: _____

Required Signatures:

_____ _____
Student Date
☐ I certify that my typed name is my authorized signature

_____ _____
Evaluator Name and Signature Date
☐ I certify that my typed name is my authorized signature

_____ _____
Department Chair Date
☐ I certify that my typed name is my authorized signature

_____ _____
Registrar Date

Entered on transcript _____
Process Drop Form _____
Revised 10/2025