

RECOMMENDATION FOR ADVANCED STANDING

From:							
NAME			COLLEGE		DEPARTMENT		
Faculty Adv	isor Making Recommer	ndation:					
Graduate Pro	ogram Director Approva	al:					
-				SIGNATURE	DATE		
After review	of the official transcrip	ots of his/her a	cademic recor	d, this department recon	nmends the fo	llowing student:	
Student's Full Name: ID ("M-Number"):							
Program Ac	lmit Term:	(Y	r/Term)				
Be granted graduate semester credit hours of transfer graduate credit from:							
UNIVERSITY ATTENDED:							
DATES OF ATTENDANCE:							
Please attach a copy of transcript(s) and list below the course number, title, and credit hours for each course to be transferred and for each course being credited.							
Transfer Course #	Transfer Course Title	Semester /Quarter	UC Course #	UC Course Title	Semester Credits	Semester Hours Credited	
Total Graduate Semester Credit Hours:							
Send to Grad	luate School for Final A	Approval, ML	0627				
be completed credits, up to	d while matriculated in the permitted number	their degree p at its own disc	rogram at UC. cretion regardle	the last 30 graduate cre A graduate program car ess of where they were eat UC are not accepted.	n accept or rej	ect transfer	

GRADUATE SCHOOL APPROVAL / DATE