



Transfer Request Petition

To be completed by student

Full Name _____ Student # _____

Program _____ Degree _____ Catalog Year _____

Transfer Institution Name _____

City _____ State _____ Zip _____

Transfer School Credit System: Semester Quarter

(Note: 1 Semester Hour = .67 Quarter Hours)

Transfer School Accreditation:

Regionally

Not Regionally

	Course Title	Course	Credit	Grade
Transfer Course				
CEI Course				

****Please supply course description &/or syllabus for each course under review**

Student Signature _____ Date _____

To be completed by Faculty/Administration

Approve equivalency for this student's transcript only.

Update the transfer database for future students.

Denied. Course is not comparable to CEI's course.

Signatures

Department Chair _____ Date _____

or

Division Manager _____ Date _____

Dean CTE or GEN ED _____ Date _____