



# Transfer Request Petition

Return to: Registrar's Office  
 Bldg. 3 Rm. 353  
 assistant.registrar@cei.edu  
 208-535-5673

**Student Information**

Date \_\_\_\_\_ Student ID \_\_\_\_\_  
 Name \_\_\_\_\_ Program \_\_\_\_\_  
 Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Transfer Information - Supply course description &/or syllabus for each course under review**

Transfer Institution Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	Course Title	Course Code	Credit	Grade
Transfer Course				
CEI Course				

*By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For CEI Use	
<input type="checkbox"/> Approve equivalency for this student's transcript only. <input type="checkbox"/> Update the transfer database for future students. <input type="checkbox"/> Denied. Course is not comparable to CEI's course.	<u>Transfer School Credit System:</u> <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <small>(Note: 1 Semester Hour = .67 Quarter Hours)</small>  <u>Transfer School Accreditation:</u> <input type="checkbox"/> Regionally <input type="checkbox"/> Not Regionally
Signatures	
Program Manager _____	Date _____
Dept. Chair _____	Date _____
Dean BTT/GEN ED/HHS _____	Date _____
Registrar _____	Date _____