



Student Information

Student Name: _____ RN/BSN #: _____ LVN/BSN #: _____ 2+2 #: _____
Phone #: _____ Email: _____ APU ID#: _____

Instructions

A maximum of 70 semester units may be transferred from an accredited Community College.

Please fill out all of the information for each course you want to take at another institution.

Students are responsible to know and follow the academic policies regarding transfer units as set forth in the University catalog.

Course #: _____ Course Title: _____

School Name: _____ Number of Units: _____ Semester Quarter

This course will be used to fulfill a: General Education requirement OR Elective Units

Registrar Response:

Approved Denied Registrar Signature: _____ Date: _____

Course #: _____ Course Title: _____

School Name: _____ Number of Units: _____ Semester Quarter

This course will be used to fulfill a: General Education requirement OR Elective Units

Registrar Response:

Approved Denied Registrar Signature: _____ Date: _____

Course #: _____ Course Title: _____

School Name: _____ Number of Units: _____ Semester Quarter

This course will be used to fulfill a: General Education requirement OR Elective Units

Registrar Response:

Approved Denied Registrar Signature: _____ Date: _____

Forms can be submitted by Mail, Fax, or PDF via Email

Mailing Address: Graduate and Professional Center, Azusa Pacific University, PO Box 7000, Azusa, CA 91702

Telephone: 626-815-4570 **Fax:** 626-815-4637 **Email:** PESRegistrar@APU.edu