Office of the Registrar

University of the Pacific
3601 Pacific Ave
Stockton, CA 95211

TRANSFER COURSE APPROVAL REQUEST (TCAR)
For current undergraduate students only

INSTRUCTIONS:

➢ Complete form and submit to the Office of the Registrar **prior** to enrolling in any course at another institution at least **three weeks** before the registration deadline.
NOTE: one form per institution. (💡**TIP: make note of other institutions add/drop dates in case course needs to be dropped)**

➢ If you plan to enroll at another institution while also registered at Pacific, this may cause an overload for the term. If so, this form will be forwarded to your Dean's office for approval.

➢ Once this form is complete (course/s reviewed for transfer by an Evaluator in the Office of the Registrar), an email confirmation will be sent to you in your Pacific email with form attached for your records. Grayed box below will be completed by Office of the Registrar, and contain course transfer information.

Upon completion of the approved courses, have the institution you attended mail an official transcript to*:
Office of Admission, University of the Pacific, 3601 Pacific Ave, Stockton, CA 95211

University ID: _____ **Phone Number:** (_____) _____ **Pacific Email:** _____@u.pacific.edu

Student Legal Name: _____ | **Do you receive VA Benefits** ☐ Yes ☐ No
                       Last   First   Middle

College or School of major: _____ **Major or Program:** _____

Class Level: FR ☐   SO ☐   JR ☐   SR ☐   **Current Term** (Fill in Year) Fall _____ Spring _____ Summer _____

Looking to Satisfy (check all that apply): GE ☐   Diversity Requirement ☐   Major ☐   Minor ☐   Elective Units ☐

▶ **Student Signature:** _____ **Date:** _____

Rules and guidelines

➢ Units are granted in chronological order of when courses were taken.
➢ Once you accumulate 70 units from all schools, including Pacific, additional *community college* courses will satisfy content requirements only and will not apply to the minimum units required for graduation.
➢ Once a student has reached 40 units less than what is required for their degree, only 8 more units may be accepted from a **four year institution**. Talk to advisor regarding residency rule.
➢ Additional community college or four year institution courses may satisfy content requirements only and will not apply to the total units for graduation.
➢ Satisfaction of content requirements means that the Pacific requirement will be met upon successful completion of the transfer course but units will not transfer.
➢ A minimum grade of 'C' is required for transfer.
*NOTE: ALL international courses require an evaluation of academic records based on the official transcript. Search "International Coursework" on Pacific's webpage for more information.

REGISTRAR OFFICE USE ONLY

With current registration status, student will have:
_____ total units after _____ semester

The course(s) listed on this form will transfer as:
_____ units OR

_____ units plus content requirements satisfied OR

_____ content requirement satisfied

TRANSFER KEY
TLD = Transfer Lower Division, TUD = Transfer Upper Division
XXX = Not Transferable

Name of other school: _____
City and state in which school is located: _____
For international Schools include course description in English

Subj./No.	Course Title	# of Units

Year/Term you plan to enroll: _____ Total units you plan to take _____

Are these courses repeats of courses you have previously taken? ☐ Yes ☐ No

Will you also be enrolled at University of the Pacific this semester? ☐ Yes ☐ No
If yes, how many **total** units (Pacific and other institutions) will you take? _____
If overload is required, this form will be sent to the Dean's office of your Pacific school for

Equivalent Pacific Course	Major or Gen. Elective	Diversity Course (yes/no)	# of Sem. Units	Min. Grade Accepted
				C
				C
				C
				C

▶_____
    Signature, Evaluator   Date

Evaluator Comments:

DEAN'S OFFICE USE ONLY (for academic overload) Overload Approval ☐ Yes ☐ No
Dean Signature: _____Date:_____

PRE-PHARMACY USE ONLY ☐ Yes ☐ No
Program Director Signature: _____Date: _____

Emailed copy of completed form to student/advisor/admin:_____ Date:_____