## California State University, Los Angeles

Date S	Sent.		

## **Request for Transfer Course Level Evaluation**

To be completed <i>only</i> if you are requesting approval to u	se transfer courses on your	master's degree program.
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		er of Science), MBA (	Master of Bu	isiness	<u> </u>			
Administration),	or MFA (Maste	er of Fine Arts)						
Last Name		First Name	Middle Initial		al .	Student ID Number (SID)		
Street Address		City	State	Zip		Daytime Telephone Numb	per	
						ree program. Give exac Cal State L.A. equivale		
they must be a	vailable for ci		ter's de gre	e at the	institution	complete your master' where offered. To be missions Office.		
					For Adviser / Ad Office Use (			
College / University	Term Taken	Department / Course # / Title	Grade	Units	Quarter / Semester	CSULA Course Level Equivalent (400/500)	Adviser Signature	
					,			
Admissions O	office Use On	<b>l</b> y						
All transfer cou 500 level cours		ve been entered into	OASIS and	l have be	een verified	I to be equivalent to a C	SULA 400 or	
Course:		]	Reason:					

Date Completed by Admissions Evaluator: