



KERNEL UNIVERSITY

905 South Euclid St STE 213 Fullerton, CA 92832. www.kernel.edu
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Request for Transfer Credit from Previous Institution

Student Name: _____ Student ID: _____

Major : _____

Degree: Undergraduate Graduate

Please list all of your previous Institutions' earned units and degree(s) if applicable to be reviewed by Kernel University.

#	Name of Institution(s)	Degree Earned	Units Earned
1.			
2.			
3.			
4.			
5.			
Total Earned Units to be Reviewed			

I am requesting for evaluation of the official transcript(s) to receive transfer credit units from previous institution(s).

Student Signature: _____ Date: _____

TO BE FILLED OUT BY KERNEL UNIVERSITY OFFICIALS		
Previous Institution(s)		
	Total Approved Units	
Required Units in KU	Total _____ Units – _____ Units = _____ Units	

Chief Academic Officer: _____
Signature Date

Payment Information for Processing Fee		
<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express	Card Number: _____	CVV: _____
Name on Card: _____	Expiration date: ____/____ (mm/yy)	Zip Code: _____