KERNEL UNIVERSITY
905 South Euclid Street, STE213, Fullerton, California 92832
Tel. 714.995.9988 www.kernel.edu office@kernel.edu

Transfer Credit Request Form

Student Name: _____ **Student ID:** _____

Major : _____

Degree Level: ☐ Undergraduate ☐ Graduate

Please list all previous institutions attended and the units and degree(s) earned for review by Kernel University .

#	Institution Name	Degree Earned	Units Earned
1.			
2.			
3.			
4.			
5.			
Total Units Requested for Evaluation			

I request an evaluation of my official transcript(s) for possible transfer credit from previous institution(s).

Student Signature: _____ Date: _____

FOR KERNEL UNIVERSITY USE ONLY		
Previous Institution(s)		
	Total Approved Transfer Units	
Units Required at KU	_____ – _____ = _____ Required Units Approved Transfer Units KU Units	

Chief Academic Officer: _____ _____

Signature Date

Processing Fee Payment Information

☐ Visa ☐ Mastercard ☐ American Express Card Number: _____ CVV: _____

Name on Card: _____ Expiration date: _____/_____ (mm/yy) Zip Code: _____

Transfer credit is subject to Kernel University's transfer credit policy and final approval.

Revised August 18,2026