

**PETITION TO TRANSFER**

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

CERTIFICATE PROGRAM: Applied Accounting

ADDRESS: \_\_\_\_\_

Student ID# or last 4 digits of SS# \_\_\_\_\_

PHONE NUMBER: Business \_\_\_\_\_ Home \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

	UCI Extension Certificate Program		Proposed Transfer (Course # and Title)	Refer to Transcript From:
	Course #	Course Title		
1				
2				
3				

<b>UCI USE ONLY</b>				
Petition 1		granted <b>DATE:</b>		denied <b>DATE:</b>
Petition 2		granted <b>DATE</b>		denied <b>DATE:</b>
Petition 3		granted <b>DATE:</b>		denied <b>DATE:</b>

*Note: Proposed transfer courses must have been completed within the past 5 years, unless otherwise approved by the program department. Declaration of Candidacy required for petition to take effect.*

COMMENTS:

\_\_\_\_\_  
 Ian Gibson, Director  
 Law & Finance  
 UC Irvine Division of Continuing Education