

Program Transfer Credit Request

Master of Pharmaceutical Sciences – California Northstate University



Student Name: _____

Transfer as (*circle one*): P1 P2 P3 P4 Entering Class of: _____

Institution	Course Number and Title	Semester/Year	Grade Earned	Credits Earned	CNU Course Equivalent	Deemed Equivalent

GPA: _____

LORs: MPS Program Director Date

Office of the Dean Date

Office of the Registrar Date

OAA Recommendation: