DOMINICAN UNIVERSITY of CALIFORNIA 1890

DEPARTMENT OF COUNSELING PSYCHOLOGY
DOMINICAN UNIVERSITY OF CALIFORNIA
School of Arts and Sciences

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(415) 485-3263, FAX: (415) 458-3700

Transfer of Units

TO: **Registrar's Office**

FROM: **Department Chair**

RE: **Transfer of Units**

Student's Name _____

Dominican University of California Master's Program:

1._____
CP course #, name of course

2._____
CP course #, name of course

Equivalent Course/s (at other institution/s)

1._____
Dept. # **Title** **Units** **Grade**

_____
Institution **Date**

2._____
Dept. # **Title** **Units** **Grade**

_____
Institution **Date**

APPROVED BY: _____ _____
Department Chair **Date**

_____ _____
Department Dean **Date**