



TOURO UNIVERSITY
CALIFORNIA
 Graduate School of Education
COURSE SUBSTITUTION/TRANSFER CREDIT FORM
 For the Office of the Registrar's Purpose

Candidate: _____

Student Number: _____

Program: _____

Name of University from which the Course(s) will be applied: <small>(please use a separate form for each transferring University)</small>					<input type="checkbox"/> Candidate earned a teaching credential
When Completed	Course Title	# Units	Grade	TUC Course Title	# Units Applied

Candidate's Signature: _____

Date: _____

Program.Chair/Director.GSOE: _____

Date: _____

NOTE: THIS DOCUMENT IS SUBJECT TO RECEIPT OF OFFICIAL TRANSCRIPTS AND VERIFICATION BY THE OFFICE OF THE REGISTRAR