Calvary Chapel University
Registrar's Office - 12808 Woodruff Ave, Downey, CA 90242 Fax# 562-803-7907
www.calvarychapeluniversity.com

Course Credit Request Form

***PLEASE** fill out one form for each requested course.*

Allow <u>one week</u> notice for completion of your request.

Student Name			Contact Number
Degree Program			Date
Prior course or experience			**CCU Equivalent (course name)**
Name	Institution	Units	

Write a description of the course or experience including content, assignments or projects, hours of instruction, instructor or employer, and texts required. You may also attach a transcript, course outline, and reference letters as applicable.

Instructor or Supervisor Signature Print Name Date

	Office Use	Approved by: Date completed: