

REQUEST FOR TRANSFER CREDIT EVALUATION

Submit in person to: ATI College, Attention: Admissions Department c/c: Program Director 12440 Firestone Blvd., Suite 2001 Norwalk, CA 90650 Monday - Friday, 9 a.m. - 4 p.m.	Mail or Fax or Email to: ATI College, Attention: Program Director 12440 Firestone Blvd., Suite 2001 Norwalk, CA 90650 Fax. (562) 864-7806 Email: ruben@ati.edu
---	--

Transfer of Credit Policy - Credit for courses taken at an accredited postsecondary institution may be accepted at ATI College if the following conditions are met:

1. An official transcript, or transcripts, accompanies the request which must be made prior to matriculation at the school.
2. All credits requested have been completed prior to matriculation. There is no accommodation for concurrent enrollment.
3. Students with degrees from international colleges and universities must submit an official translation of the transcript along with the request to transfer credits.
4. Students who have earned some postsecondary credits, but did not complete an academic associate's or bachelor's degree, may request transfer credit by submitting an official transcript along with the request.
5. If the student has a technical degree or has earned some credits from a technical postsecondary institution, credit may be granted on a course-by-course basis.

I. The Process for Evaluation of Transfer Credit - Transfer credit must meet the expectations of the faculty and directors and must be appropriate to the program sought. Academic credit earned within ten (10) years prior to admission will be reviewed as to applicability to the present course of study. The Admissions reserves the right to require examinations or other proof of competence regardless of transfer credits listed on the student's records. It is not the policy of ATI College to impose redundant programs or requirements on any student. All transfer credits must be reviewed prior to the student's matriculation. Credits will not be accepted after the student has enrolled at the school.

II. The Process for Establishing Equivalency of Transfer Credit - Transfer credit is accepted from postsecondary institutions authorized by appropriate legal authorities. Corporate or specialized training programs may be recognized as transfer credits as recommended by generally accepted national educational standards. Not all prior credit is applicable to credits earned at ATI College. Transfer credit must support the program. The designated Academic Affairs staff member will evaluate all transcripts and requests for credit to determine transfer credit acceptable to the school as meeting partial requirements for the program.

III. Administrative Position Responsible for Transfer Evaluation - The Program Director is the administrator ultimately responsible for the transfer evaluation, though the Program Director may delegate individual evaluations to faculty members or academic staff.

Student (first and last name)	Student Social Security Number
-------------------------------	--------------------------------

Home Phone	Work or Mobile Phone
------------	----------------------

Check appropriate box:		
<input type="checkbox"/> Transfer credit evaluation	<input type="checkbox"/> Transfer credit pre-approval	<input type="checkbox"/> Prematriculation transfer credit evaluation

University or college you attended or you will attend and dates of attendance:

School	From (month/year)	To (month/year)	To be completed by evaluator Check appropriate decision ↓	
Courses:				
Transfer Course and #	Transfer Course Title	Matching ATI Course Title	OK UNITS	NO EQUIVALENCY
Transfer Course and #	Transfer Course Title	Matching ATI Course Title	OK UNITS	NO EQUIVALENCY
Transfer Course and #	Transfer Course Title	Matching ATI Course Title	OK UNITS	NO EQUIVALENCY

Required Signature:

By signing below, I certify that the information contained on this form and all supporting documentation is true and accurate. If transfer work was completed prior to my matriculation date, my signature certifies that the transfer course did not count towards my secondary school diploma and/or graduation requirements.

Student Signature	Date
-------------------	------

For Registrar's Office use only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Postponed	<input type="checkbox"/> Notified
Date:	
Semester units granted:	
Program Director (print name/department):	
Program Director's Signature:	Date: