



CALIFORNIA STATE UNIVERSITY, EAST BAY

Division of Continuing and International Education

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Course Transfer Request

Student Information *(Please Print Clearly)*

NetID

Last Name

First Name

Middle Initial

Address

City

State

Zip

Student Signature

Date

FROM	TO
Quarter: _____	Quarter: _____
Course: _____	Course: _____
Title: _____	Title: _____
Instructor: _____	Instructor: _____

FROM	TO
Quarter: _____	Quarter: _____
Course: _____	Course: _____
Title: _____	Title: _____
Instructor: _____	Instructor: _____

FROM	TO
Quarter: _____	Quarter: _____
Course: _____	Course: _____
Title: _____	Title: _____
Instructor: _____	Instructor: _____

Office Use Only

Authorized Signature, Continuing Education