OIKOS UNIVERSITY

2550 Shattuck Ave., Berkeley, CA 94704 | (510) 422-5550 | www.oikos.edu

STUDENT TRANSFER-IN FORM

Master of Science in Acupuncture and Herbal Medicine Program | Non-F-1 Students

STUDENT INFORMATION

Student Name: _____

Phone / Email: _____

PREVIOUS SCHOOL

School Name: _____

Dates Attended: _____

Program / Major: _____

TRANSFER INFORMATION

Reason for Transfer: _____

Credits Completed (if known): _____

STUDENT AUTHORIZATION

I authorize my previous school to release my academic records to Oikos University for transfer evaluation.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Official Transcript Received: ☐ Yes ☐ No

Transfer Credits Approved: _____ Reviewed By: _____

Note: Transfer credit acceptance is subject to review and approval by Oikos University.