

**DEPARTMENT OF MECHANICAL ENGINEERING  
University of California at Berkeley**

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**GRADUATE PETITION TO TRANSFER COURSES**

**Instructions to Transfer Courses:**

1. Obtain an official transcript from the school the course will transfer from as well as a syllabus of the course.
2. Complete your portion of this form and attach the syllabus.
3. Obtain the syllabus of the UCB equivalent course as well as the approval of the instructor who would teach the equivalent course here.
4. Attach all materials to the form and submit it in person or via email to your [Graduate Student Affairs Advisor](#).

**Masters':** A master's student may transfer up to **4 semester units** or **6 quarter units** of course work completed as graduate student at another institution. The units must be equivalent to courses in the student's graduate program at Berkeley, and the student must have received at least a **B** in the course(s) and have a grade-point average of at least **3.3** at both Berkeley and the other institution. However, students cannot use units from another institution to satisfy the minimum requirement in 200 series courses of the minimum academic residence requirement. In addition, they may not present course work previously used to satisfy requirements for another degree program at Berkeley or at another institution.

**Doctoral:** Students can transfer up to 2 courses from another school toward the Ph.D.

1. Course(s) must be in the major field area.
2. Course(s) must be letter graded.
3. Course(s) cannot be used for credit to receive the Bachelor's degree.
4. Course(s) cannot be from the student's undergraduate course of study but taken while in graduate standing.

Last Name:

First Name:

Middle Name:

SID Number:

Email:

Phone:

Degree Goal:

Major Field Area:

Semeste/Year Entered Program:

**List of Course(s) to Transfer**

| Institution of Transferred Course(s) | Semester or Quarter System | Course Title & Number | Term/Year Course Taken | Units | Grade | UC Berkeley Equivalent Course |
|--------------------------------------|----------------------------|-----------------------|------------------------|-------|-------|-------------------------------|
|                                      |                            |                       |                        |       |       |                               |
|                                      |                            |                       |                        |       |       |                               |

Student Signature:

Date:

Instructor's Approval:

[I certify that the course for-mentioned meet the requirements to be transferred to our program.](#)

Last Name:

First Name:

Signature:

Date:

**If student is petitioning to transfer two courses taught by different instructors, the second instructor's approval is needed as well.**

Second Instructor's Approval:

[I certify that the course for-mentioned meet the requirements to be transferred to our program.](#)

Last Name:

First Name:

Signature:

Date:

**Department of Mechanical Engineering Use Only**

**Approved**

**Denied**

**Signature of Vice-Chair of Graduate Studies:**

**Date:**