



Charles R. Drew University of Medicine and Science • Office of Registration & Records  
1731 East 120<sup>th</sup> Street, Los Angeles, CA 90059 • Phone: (323) 563-4838

## PETITION FOR CONCURRENT ENROLLMENT FORM

Petitions must be approved by the Transfer Credit and Articulation Officer and are subject to the University Transfer, Residency and Academic Load policies. Students who register for courses at other institutions and who have not obtained advance approval may not receive credit for the concurrent enrollment.

- Complete the petition for concurrent enrollment form. All information regarding the course(s) you are requesting to take must be completed or form will be denied.
- Submit the completed form to the [transfercredit@cdrewu.edu](mailto:transfercredit@cdrewu.edu).
- It is recommended that you meet with the office of Financial Aid before enrolling at courses at other colleges/universities.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Program: \_\_\_\_\_

I would like to concurrently enroll for courses during: Sem.: \_\_\_\_\_ 20 \_\_\_\_\_

### Concurrent College Requesting:

COLLEGE/UNIVERSITY	COURSE #	TITLE	UNITS	START DATE	END DATE

These courses would transfer to Charles R. Drew University to fulfill the following requirements (*Charles R. Drew University accepts undergraduate courses with a "C" (2.0) or higher and graduate courses with a "B" (3.0) or higher*):

COURSE & COURSE NO.	TITLE	UNITS

### Reason for the Petition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONCE YOU COMPLETE THE COURSE(S) – YOU WILL NEED TO SUBMIT AN OFFICIAL TRANSCRIPT IN ORDER TO RECEIVE CREDIT. OFFICIAL TRANSCRIPTS SHOULD BE SENT TO [TRANSFERCREDIT@CDREWU.EDU](mailto:TRANSFERCREDIT@CDREWU.EDU).**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Registration and Records Signature: \_\_\_\_\_ Date: \_\_\_\_\_