

General Education Pattern Pass Along Request

Student ID:	@	Contact Telephone:	
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Student Record Name:	Last	First	M.I.
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Contact Email:

Grad App Submitted
 CC Native
 CSU Breadth
 IGETC (CSU and/or UC)

(Select one only):

Other College Name	Other College Course (prefix, number)	Grade	Units (S/Q)	Year Taken	**Requested GE Area and/or Other Grade Requirement (SOC JUST/Reading Prof)

* If course is to be used to satisfy Freshman Composition or Critical Thinking, the syllabus must be attached.

Comments:

Counselor Name _____ Date _____

For Admissions and Records Use Only

Approved: Denied:

Comments: _____

Evaluator/Articulation Officer (Signature)

Date
03/2021