Complete this form for transfer evaluation of AOM and other courses completed at another institution. Official course descriptions from the college's catalogue must be included for each class you submit. For more info, go to www.aimc.edu, or contact the Academic Dean at (510) 666-8248.

Acupuncture & Integrative Medicine College, Berkeley

Transfer Credit Evaluation Form

Name:_____

AIMC Berkeley Course Number/Name	Units	Transfer School Name	Transfer Course Number & Title	Term/Year	Units/Hrs	Grade Rec'd

By submitting this form, I acknowledge my understanding that AIMC Berkeley does not and cannot guarantee that the California Acupuncture Board (CAB) will agree with AIMC Berkeley's evaluation of my transcripts, and that I may be required to supply additional proof of hours and content before permission is granted to take the California Acupuncture Licensing Exam (CALE). I also acknowledge that I am responsible for mastering material taught in the particular AIMC Berkeley courses for which I may receive transfer credit.

*Signature & Date:*_____

Ver. 20060602