

SCHOOL OF ENVIRONMENT AND NATURAL RESOURCES

Transfer Credit Evaluation Request

Name: _____ Student ID No. _____

E-Mail: _____ Phone: _____

College of Enrollment : _____

Major: _____ Specialization: _____

Transfer Credit Institution

Name: _____ Location (City, State): _____

Course Information (One course per form, please)

Course at Previous Institution

OSU Transfer Credit Center Course Assignment (ex: ENR G000.XX)

| Dept. | Course No. | Course Title | Credit Hrs. | Dept. | Course No. | Credit Hrs. |
|-------|------------|--------------|-------------|-------|------------|-------------|
| | | | | | | |

Attachments: Transfer Credit Report Syllabus of course intending to transfer

To which required course/category would you like this credit applied?

Signature: _____
Student Date

OFFICE USE ONLY

Transfer Credit Awarded for fulfillment of degree requirements? Yes No

Course/Area where credit applied: _____

Comments:

Signature: _____
School Secretary/Designee Date

| | | | |
|------------------------------|---------|------|------------|
| Referral to Academic Affairs | Yes | No | |
| Academic Affairs | Approve | Deny | Date _____ |
| Comments: _____ _____ | | | |

DARS Revisions Complete Date _____ Initials _____