

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.
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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 _____