

Petition for Transfer Course Review

Identification I	Information						
Name			Date	Date			
ID Number (if applicable)			OU Health Sciences	OU Health Sciences Major Department			
Mailing Address (Street, City, State, ZIP)			Telephone Number	Telephone Number (Include Area code) E-MAIL Ad		ress	
Transfer Cours	e Information (to be	completed by petit	ioner)				
Transfer Institution				City, State			
Department & Course Number		Course Title					
Credit Hours	Semester Hours Quarter Hours	Hours in Lecture	Hours in Lab	Grade		Semester/Year Taken	
For OU Prerequisite Course		OU Course Title				OU Credit Hours	
	rse description and conte			include lab objecti	ves, conten	t and activities.	
Return form & supporting documents to:			For questions rega	For questions regarding petition process:			
University of Oklahoma Health Sciences			Telephone (4)	Telephone (405) 271-2359			

University of Oklahoma Health Sciences Recruitment & Admissions P. O. Box 26901, SU 300 Oklahoma City, OK 73126-0901 Telephone (405) 271-2359 FAX (405) 271-2480 EMAIL admissions@ouhsc.edu

Equivalend	cy Review (to be completed by Ol	J course evaluator)		
Action Taken:		☐ Approved Equivalency	☐ Denied Equivalency	
Comments/Ratio	onale			
Recommend the college consider for substitution (optional):		Yes	□No	
Evaluator			Date Action Taken	
Substitutio	on Review (to be completed by co	ellege)		
Action Taken:	☐ Approved Substitution on one-time basis	☐ Approved Substitution for all students	☐ Denied Substitution	
Comments/Ratio	onale			
Approved by			Date Action Taken	
General Ed	ducation Committee Review (to be	e completed by committee chair)		
Action Taken:	Approved Substitution - Core Area	Component	Denied Substitution	
Comments/Ratio	onale			
Approved by			Date Action Taken	