

Name: _____ Z #: _____

CPO Box: _____ Phone #: _____ ORU Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of transfer school: _____

City, State: _____

Title of transfer course: _____

Date you first enrolled at ORU: _____

When WAS or when WILL transfer course be taken? _____

Requesting credit for the following ORU course: _____

Class: freshman sophomore junior senior graduate Major: _____

Course Description: Please indicate additional information such as type and frequency of assignments, papers and tests, the number of study hours required per week, the number of class hours, textbooks and their authors, etc. (Attach another page if needed.) Syllabus and/or catalog description can be attached.

Student's signature: _____ Date: _____

FOR OFFICE USE ONLY

I accept the above course for elective credit only (providing a grade of C or better is earned).

I accept the above course as fulfilling an ORU requirement (providing a grade of C or better is earned) as stated below:

Prefix	Course #	ORU course title

Chair of Department in which course is offered	Date

Degree-Granting Dean (School of Nursing only)	Date

Note: All students are required to complete their last 30 hours at ORU.

White copy: Transfer Evaluator ♦ Yellow copy: Departmental Chair ♦ Pink copy: Student