



# Petition for Transfer Course Review

## Identification Information

Name	Date	
ID Number (if applicable)	OUHSC Major Department	
Mailing Address (Street, City, State, ZIP)	Telephone Nos. (Include Area code)	E-MAIL Address

## Transfer Course Information (to be completed by petitioner)

Transfer Institution		City, State		
Department & Course Number	Course Title			
Credit Hours <input type="checkbox"/> Semester Hours <input type="checkbox"/> Quarter Hours	Hours in Lecture	Hours in Lab	Grade	Semester/Year Taken
For OU Prerequisite Course	OU Course Title			OU Credit Hours

**Attach copy of course description and content outline (syllabus). If course includes a lab, include lab objectives, content and activities. Be sure to include title and author of textbook(s) and lab manual(s) utilized in the course.**

### Return form & supporting documents to:

University of Oklahoma Health Sciences Center  
 Admissions & Records  
 P. O. Box 26901, BSEB 200  
 Oklahoma City, OK 73126-0901

### For questions regarding petition process:

Telephone (405) 271-2359  
 FAX (405) 271-2480  
 EMAIL admissions@ouhsc.edu

## Equivalency Review (to be completed by OU course evaluator)

Action Taken:	<input type="checkbox"/> Approved Equivalency	<input type="checkbox"/> Denied Equivalency
Comments/Rationale		
Recommend the college consider for substitution (optional):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluator	Date Action Taken	

## Substitution Review (to be completed by college)

Action Taken:	<input type="checkbox"/> Approved Substitution on one-time basis	<input type="checkbox"/> Approved Substitution for all students	<input type="checkbox"/> Denied Substitution
Comments/Rationale			
Approved by	Date Action Taken		

## General Education Committee Review (to be completed by committee chair)

Action Taken:	<input type="checkbox"/> Approved Substitution - Core Area _____ Component _____	<input type="checkbox"/> Denied Substitution
Comments/Rationale		
Approved by	Date Action Taken	