



Request for Transfer of Graduate Credit

Graduate School

247 University Hall
230 North Oval Mall
Columbus, OH 43210-1366
Phone: 614-292-6031
Fax: 614-292-3656

Instructions

1. The student completes Section 1 and, if required by the department, has his or her advisor sign the form. It is then submitted to the graduate studies committee chair of the student's academic unit.
2. The graduate studies committee chair completes Section 2, evaluates the course(s) proposed for transfer credit, and determines whether credit is to be transferred as unassigned special credit hours or as credit hours for specific Ohio State University equivalent course(s). Ohio State University equivalent course(s) may be assigned only if the course(s) credit hours to be transferred are no more than two hours fewer or one hour greater than the Ohio State University equivalent course credit hours. Credit may be recommended only in the discipline area represented by the graduate studies committee chair and faculty advisor if required by the program. Credit in other areas must be evaluated by the graduate studies committee chair or department chair of the appropriate area.
3. The graduate studies committee chair signs Section 2 and submits the form and transcripts to the Graduate School to be evaluated and transferred to the student's Ohio State University graduate record.



Request for Transfer of Graduate Credit

Important information and instructions are printed on the reverse side. Please read Section IV.2 of the *Graduate School Handbook* which describes the transfer of the graduate credit.

Graduate School

247 University Hall
230 North Oval Mall
Columbus, OH 43210-1366
Phone: 614-292-6031
Fax: 614-292-3656

Section 1: To Be Completed By The Student (Please Print)

Name: Last _____ First _____ Middle _____ OSU I.D. Number _____

Local Street Address _____ Telephone Number _____ Name .# E-Mail Address _____

City _____ State _____ Zip Code _____

Academic Unit _____ Former Names (if any) _____

First Quarter & Year Enrolled at the Ohio State University AU WI SP SU _____ Year

Last Quarter & Year Enrolled at the Ohio State University AU WI SP SU _____ Year

Expected Degree: MA MS PhD Other _____

Expected Qtr/Yr of Graduation: AU WI SP SU _____ Year

Section 2: To Be Completed By the Academic Unit Graduate Studies Committee Chair

- To transfer individual courses for credit, please list the proposed course(s) below or on an attached sheet.
- Attach one copy of the OFFICIAL transcript from each institution to verify completion of the course(s) requested to be transferred.

If this box is checked, the student's master's degree will count as a block of 45 hours of credit.

Name of Institution	Department Abbreviation	Course Number	Credit Hours		When Taken	For Academic Unit (OPTIONAL) The Ohio State University Equivalent Course & Hours
			<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter		

Transfer of credit is:

- Approved for _____ quarter hours of graduate credit (1 quarter hour = 2/3 semester/trimester hour)
- Denied

Printed Name, Faculty Advisor, if required by the program _____ Signature, Faculty Advisor _____ Date _____

Printed Name, Graduate Studies Committee Chair _____ Signature, Graduate Studies Committee Chair _____ Date _____

Section 3: To Be Completed By The Graduate School

Signature, Secretary of the Graduate School _____ Date _____