



SCHOOL OF PUBLIC HEALTH

Transfer of Graduate Credit Request

PART I: REQUEST

Student Name

Program

Student ID

Date

The above student requests that the course(s) listed below, completed by the student at the specified university, be applied as credit toward the student's degree program. An original school transcript and a copy of each course description or syllabus is attached to this form.

Transfer University: _____ Semester or Quarter System? _____

Term/Year Completed	Original University Course (List Course Number and Name)	Grade	Credit Hrs	Apply to Degree Requirement (specify requirement this course will count for, or, if an elective, write "elective")

PART II: APPROVALS

Program Director

Program Director Signature

Date

Associate Dean

Associate Dean Signature

Date

OHSU Registrar's Office Representative

Registrar's Office Approval

Date