

**OKLAHOMA WESLEYAN UNIVERSITY**  
**Adult and Graduate Studies**  
**Request for Approval of Transfer Course**

I would like to take the following course(s) at the college/university indicated. I request that, upon receipt of an official transcript showing the completion of the work with a grade of "C-" or better, the credit(s) be applied toward my program at Oklahoma Wesleyan University. **I must provide a catalog course description for the course I want to transfer to OWU. I understand that requests will not be considered without a course description.**

I understand that it is my responsibility to ask the college/university to send a transcript to OWU. I also understand that a **maximum of 72 hours may be transferred from a two-year school** and that OWU policy states that I may not transfer in more than **6 hours earned via correspondence.**

Student Name \_\_\_\_\_ Major \_\_\_\_\_  
 Student Signature \_\_\_\_\_ SSN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

College \_\_\_\_\_  
 Address \_\_\_\_\_  
 Session (Spring, Fall, etc.) \_\_\_\_\_  
 Session Dates \_\_\_\_\_

Course #	Course Name	Credit Hours	Check if correspondence course	<i>Office Use Only</i> OWU Equivalent
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**Approval:**

\_\_\_\_\_  
 Advisor Date

\_\_\_\_\_  
 Registrar Date

The Registrar's Office will send a copy of this form to the student and the advisor.