

OAKLAND UNIVERSITY TRANSFER COURSE REVIEW FORM

Student Information		
Name: _____	Date: _____	
	Student Id: G00	
Adviser Signature _____	Major: _____	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Second Degree
You must have your adviser sign this form prior to submitting it to our office.		
Oakland University email address _____@oakland.edu <small>* Please note that all correspondence will be sent to your OU email account ONLY.</small>	Daytime Phone Number () ()	
Equivalency Review Requested		
Old General Education Requirements (pre-2005)		
<input type="checkbox"/> Arts <input type="checkbox"/> Literature <input type="checkbox"/> Foreign Language <input type="checkbox"/> Western Civilization <input type="checkbox"/> International Studies <input type="checkbox"/> Math, Logic, Computer Science <input type="checkbox"/> Natural Science and Technology <input type="checkbox"/> Social Science <input type="checkbox"/> Ethnic Diversity Writing Requirement: <input type="checkbox"/> RHT/WRT 150 <input type="checkbox"/> RHT/WRT 160		
New General Education (current requirements)		
Knowledge Foundations: <input type="checkbox"/> Writing <input type="checkbox"/> Formal Reasoning		
Knowledge Explorations: <input type="checkbox"/> Arts <input type="checkbox"/> Foreign Language & Culture <input type="checkbox"/> Global Perspective <input type="checkbox"/> Literature <input type="checkbox"/> Natural Science & Technology <input type="checkbox"/> Social Science <input type="checkbox"/> Western Civilization		
Knowledge Integration: <input type="checkbox"/> Knowledge Applications _____ Please indicate the prerequisite course for the knowledge applications course you wish to have reviewed. Please contact your adviser if you have questions.		
Writing Intensive: <input type="checkbox"/> General Education <input type="checkbox"/> In the Major		
<input type="checkbox"/> U.S. Diversity		
Major, Minor or Concentration Requirements		
<input type="checkbox"/> Major Requirement _____		
<input type="checkbox"/> Minor Requirement _____		
<input type="checkbox"/> Concentration Requirement _____		
Transfer Course Information		
<small>A course syllabus from the semester the course was taken must accompany this Transfer Course Review Form.</small>		
Transfer institution where course was completed:		
Term Completed:	Course:	Credits (Course must be minimum of 3 <u>semester</u> credits)
Title:		
<p>Please return this form and course syllabus to 100 O'Dowd, Academic Record's Office Service Window 5, or mail materials to Oakland University, Academic Records Office, 102 O'Dowd Hall, Rochester MI 48309-4490. Please contact Cheryll Kress at (248) 370-4925 if you have questions. You may also email Ms. Kress at kress@oakland.edu. The processing time for the review is four to six weeks.</p> <p>You may not submit a Course Review Form during the semester that you apply to graduate. If you are currently on the graduation list, please contact Renee Jacques, Graduation Auditor, jacques@oakland.edu, to move your graduation application to the following semester.</p>		

Please record departmental action on reverse side of this page.

Records Office Action

Approved Denied Referred to:

By: _____

Date: _____

Comments: _____

Departmental Action

By: _____

Date: _____

Course is equivalent to OU's course:

Course has no OU equivalent but will count toward:
major/minor/concentration in _____
(Please identify specific requirement met by course)

Course has no OU equivalent and will not count toward:
major/minor/concentration in _____

Comments: _____

GEC Action

Approved Denied Additional Information Requested

By: _____

Date: _____

Old Gen Ed Area: _____

New Gen Ed Area: _____

Comments: _____

Please return this form to Cheryll Kress in the Academic Records Office, 100 O'Dowd, Window 5. Ms. Kress may be reached at (248) 370-4925 if you have any questions. Thank you for your assistance.