

# APPLICATION FOR GRADUATE TRANSFER CREDIT

**OAKLAND UNIVERSITY**  
**GRADUATE STUDY AND**  
**LIFELONG LEARNING**  
 520 O'Dowd Hall  
 Rochester, MI 48309-4401  
 Phone: 248-370-2700

**Submit original completed form to Graduate Study and Lifelong Learning, 520 O'Dowd Hall**

**To be completed by the Student:**

Name: \_\_\_\_\_ Grizzly Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Program: \_\_\_\_\_

Institution	Sem/Yr Taken	Course Number	Title	Credit Hrs. Qtr/Sem	Grade	OU requirement Satisfied *

I understand that: (1) **official transcripts must be on file in Graduate Study and Lifelong Learning**, (2) the credit earned must be from an accredited institution and carry a grade of 3.0 (B) or better, (3) courses graded Pass/Fail or Credit/Non-Credit are not transferable, (4) credit must be earned within 6 years of the time the degree will be conferred and may not have been used toward another degree, (5) only courses labeled "graduate" (numbered 500 and above) may be transferred, (6) the total number of credits transferred may not exceed **nine**, and no more than **one** credit will be awarded per week of instruction (i.e., a 4-credit course must meet a minimum of 14 hours per week for four weeks - a minimum total of 56 class hours or 47 clock hours of instruction).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Adviser or Chair:**

I recommend that the transfer be  Approved  Denied

Comments: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* **Must be completed by Adviser (See "OU Requirement Satisfied")**

**To be completed by GCOI Representative:**

I recommend that the transfer be  Approved  Denied

Comments: \_\_\_\_\_

Name (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Graduate Study and Lifelong Learning:**

<input type="checkbox"/> Transfer Approved:	<input type="checkbox"/> Transfer Denied:
_____ Cr.	_____
_____ Cr.	_____
_____ Cr.	_____
<b>Total</b> _____ Cr.	

Director/Representative of Graduate Study: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: student, department, student file (original) Date Transfer Credits Posted: \_\_\_\_\_