Request to Transfer a Course into the CON Graduate Program

1. ... the graduate credit must have been earned as a graduate student at an accredited university, with a grade of B or better, but not used toward completion of a previous degree.
2. ... the Graduate Studies Committee and the Graduate School must approve the transfer.

Note: In most cases, students enrolled in a specialty leading to an advanced practice certification, which requires more than one term of clinical courses, need only to have courses waived NOT transferred in for credit.
These students should submit the Request to Waive a Course in the Graduate Program form.

To have a transfer request reviewed for a decision by the Graduate Studies Committee, the following must be received:

1. This form (including student’s name, course # to be waived, and advisor’s name/signature).

2. A cover letter detailing the following information:
   a. Course(s) title and number that you are requesting waived
   b. Course(s) title, description and number related to the substituted course
   c. Institution from which the course(s) was taken.
   d. Earned grade(s)
   e. Other pertinent prior experiences/information related to the course content
   f. How does the course meet the objectives of the current course in the CON program?
   g. Credit Hours (please indicate if the hours are quarter or semester)

3. Course syllabus

Submit one copy (per petition) electronically as a single scanned pdf or MS Word document and, with all supporting materials, to CON-gradrecords@osu.edu
-or-
Three copies of ALL Materials should be submitted to Graduate Records in Room 109 Newton Hall
-or one copy for requests related to DNP electives-

Please do not send multiple petitions in a single email.

OSU Course Number ____________________ Advisor ________________________________

Advisor Signature_____________________________________________________________

Email may be submitted in place of the required signatures.

Student name _____________________________________________________________________

Graduate Committee Use Only

Approved ________________________________ Not Approved ________________________________

X ____________________ Date ____________________

Graduate Studies Committee Chair

The Graduate School electronic form titled (Request for) Transfer of Graduate Credit should be initiated at gradforms.osu.edu if this petition is approved.