

SCRIPPS COLLEGE OF COMMUNICATION

AUTHORIZATION FOR TRANSFER OF CREDIT

Name _____ PID# _____
 School of _____ First enrolled (Sem/Yr) _____

The courses listed below are being transferred from:

_____ Other System.
 This institution was on the _____ Qtr _____ Semester _____

If other, please explain, _____

NOTE: Hours listed below must be **SEMESTER HOURS**. If needed, multiply quarter hours by 2/3, i.e. 3 quarter hours = 2 semester hours, 4 quarter hours = 2.666 semester hours, etc. Students must have a "B" or better for transfer to be accepted; check the Graduate College guidelines for additional restrictions. You must list either the equivalent OU course number or indicate what generic credit should be given, for example "COMS 6000 level".

<u>External Course #</u>	<u>External Course Title</u>	<u>Semester Hours</u>	<u>When Taken</u>	<u>Grade</u>	<u>OU Equivalent (or 'Generic')</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attach separate listing if number of courses exceeds available space.

Advisor _____ Date _____

REQUIRED SIGNATURES

_____	_____	_____	_____
Associate Director for Graduate Studies	Date	Associate Dean, College of Communication	Date

_____	Date SCHOOL sent form to Associate Dean, Scripps College of Communication, Schoonover 121.
_____	Date to Graduate College
