



Transfer Course Evaluation Form
OU Office of Academic Records
Transcript Evaluation
405.325.4147
TE@ou.edu

Student's Name: _____ SID#: _____

Referred by: _____

Transfer course: Institution: _____ Location: _____

Department: _____ Course number: _____ Semester Completed: _____

Title: _____ Grade: _____

Course level: Upper division Lower division

To be completed by the Division/School Director

Equate course – for all students

This equivalency is to be added to OU's master file, thus establishing an equivalency for any other student taking the same course from the transferring institution should they attend the University of Oklahoma.

OU equivalent course: _____
Department Course number Title

Equate course – for this student only

OU equivalent course: _____
Department Course number Title

Substitute for course requirement _____
Department Course number

The course content is such that this student should not repeat this requirement; however, the transfer course should not be listed as an equivalent.

Allow as major elective (non-equivalent course)

Deny Equivalency

Faculty name: _____ Date _____
printed name

Faculty Signature: _____ Division _____

Special Instructions: _____

