



Student Name: _____ ID: _____

Current Address: _____

Ottawa Email: _____ Phone Number: _____

First Semester at Ottawa: _____ Anticipated Graduation Date: _____

Please indicate if you are participating in intercollegiate athletics at Ottawa: Yes No

Transfer of Credit

Institution at which course(s) will be completed: _____

Location of transfer institution: _____

Semester and year course(s) will be completed: _____

Please provide the discipline, course number, course title, and credit hours for the course(s) you want to transfer to Ottawa. Use the transfer institution's discipline, course number, and title. Attach course descriptions for each of the courses listed. The Registrar's Office will assign the Ottawa equivalent for each course in consultation with the faculty and department chair from the appropriate discipline(s).

SUBJ	CRS#	TITLE	OTTAWA EQUIVALENT

I understand that I must have an official transcript sent directly to the Ottawa University Registrar's Office upon completion of the transfer course(s) listed above.

Student Signature: _____ Date: _____

For Office Use Only	
Advisor's Signature: _____	Date: _____
Registrar's Office Approval: _____	Date: _____