



**CAPITAL UNIVERSITY LAW SCHOOL
REQUEST TO TAKE CLASSES AT
ANOTHER INSTITUTION**

To be used by students seeking approval for transfer credit for courses taken at another school. This includes study abroad programs, the OSU exchange program and other domestic schools. This form **MUST** be turned in before you apply for the program or register for the class.

DATE: _____ **STUDENT ID #:** _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____ **PHONE #:** _____

Year In Law School: _____ (e.g. 1st year, 2nd year) Day Evening

Name of Sponsoring School*: _____

*Most schools will also require a letter of good standing from Capital.

Location of Program: _____ **Dates of Program:** _____

Course Name (Attach a description for each course)

- _____ **Credit hours** _____
- _____ **Credit hours** _____
- _____ **Credit hours** _____
- _____ **Credit hours** _____
- _____ **Credit hours** _____

Approved/Denied (Reasons may be provided below): _____

Dean's Signature

Date

For Office Use Only: Memo Letter Email **ORR Initials:** _____ **Date:** _____