



Ohio Institute of Allied Health

School of Integrative Healthcare

Course Transfer Request

Instructions: Please fill out this form and attach the course objectives or syllabus for each course you would like to transfer to OIAH. Credit will only be awarded after receiving *sealed official* transcript. Coursework must have a grade of B or higher and must be within the past 5 years.

Student Name: _____ **Desired Program:** _____

Transfer College/School: _____

Dates Attended: _____

The Ohio Institute of Allied Health accepts transfer credit for any programs only at the discretion of the Program Coordinator with the approval of the School Director, and in accordance with the Transfer Credit Policies requirements.

| Transfer Course or courses to be examined | Course Date (quarter and year) | OIAH Course | Grade Received | Course Objectives Attached (Yes or No) |
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Comments: _____
