



# OU Physician Associate Program Petition for Prerequisite Substitution

Identification Information		
Name:	Date:	
Mailing Address:	Telephone No. (with area code)	E-Mail Address:

Substitution Information (to be completed by petitioner)		
Transfer Institution:	City, State	
Department and Course Number:	Course Title:	
Credit Hours:	Hours in Lecture:	Hours in Lab:
OU Prerequisite Course Title:	Grade:	Semester/Year Taken:
<b><i>Attach copy of course description and content outline (syllabus). If course includes a lab, include lab objectives, content and activities. Be sure to include title and author of textbook(s) and lab manual(s) utilized in the course.</i></b>		
<b><i>IF SUPPORTING DOCUMENTS ARE NOT PROVIDED, THE SUBSTITUTION WILL BE DENIED.</i></b>		

Return Supporting Documents to:  
 Physician Associate Program  
 Attn: Jami Anderson  
 940 Stanton L. Young Blvd, Suite 357  
 Oklahoma City, OK 73104

For questions regarding petition process:  
 Telephone: (405) 271-2058  
 FAX: (405) 271-2009  
 Email: [jami-anderson@ouhsc.edu](mailto:jami-anderson@ouhsc.edu)

Substitution Review (to be completed by course evaluator)	
Action Taken:	<input type="checkbox"/> Approved Substitution <input type="checkbox"/> Denied Substitution
Comments/Rationale:	
Reviewed By:	Date:

**\*\*SUBJECT TO DETERMINATION BY OU AS TRANSFERABLE CREDIT\*\***