THE OHIO STATE UNIVERSITY

Prerequisite Evaluation Individual request form

Professional programs eligible for a Prerequisite Evaluation:

- Health and Rehabilitation Sciences
 - o Athletic Training
 - o Health Information Management & Systems
 - Health Sciences
 - Medical Dietetics
 - Medical Laboratory Science
 - o Radiologic Sciences and Therapy
 - Respiratory Therapy
- Dental Hygiene

- Dentistry
- Health & Wellness Innovation in Healthcare
- Medicine
- Nursing (BSN, RN to BSN, Grad)
- Optometry
- Pharmacy (ELPD)
- Veterinary Medicine
- Public Health

This form is for students requesting evaluation of prerequisite course work completed at schools other than The Ohio State University. If you have attended another institution in Ohio, go to <u>admissions.osu.edu/standards</u> to determine if the required prerequisite course work has been fulfilled.

Students currently enrolled at Ohio State should contact their academic advisor regarding prerequisite course work. Students with current Ohio State applications, either applying directly to a professional program or to any other degree granting program, are not eligible to use this form.

A Prerequisite Evaluation IS	A Prerequisite Evaluation IS NOT
 A service for prospective applicants who are not attending Ohio State and/or have inactive applications from Ohio State An identification of courses from other accredited institutions that will satisfy specific course prerequisites Only valid for the program indicated on the form A review of previous course work taken at other institutions for fulfillment of specified program prerequisites A tool for future course scheduling to ensure fulfillment of prerequisite courses A one-time/one program request, no future requests will be honored 	 An evaluation for transferable credit, transfer credit is reviewed at the time of admission An application A guarantee of admission into a program Applicable to all programs, only for program indicated For institutions on the standards website: admissions.osu.edu/standards

Notes: In some instances, discussions with the student, program representatives and appropriate departments will be required before a final determination can be made. Additionally, the student may be required to contact specific departments to discuss how prerequisite courses can best be fulfilled. Occasionally the evaluation staff will not have the appropriate college course information needed for an accurate evaluation. Should any of these situations pertain to your Prerequisite Evaluation, Professional Admissions will notify you. All professional programs have a specific admissions application and application deadline. For additional information regarding these dates and the necessary admission procedures for a professional program, go to <u>gpadmissions.osu.edu</u>. In addition to completed prerequisite courses, admission is based on the quality of the applicant's record and other criteria unique to the individual college or program.



Please read the following instructions carefully!

Personal data

Complete all that applies. Completed evaluations will be returned via email unless an email address is not provided.

Previous education

Complete in order of attendance of all universities (including Ohio State), colleges, schools, technical schools or other post high school educational programs. One official, or copy of an official, and complete transcript of all courses attempted at each college and university attended, other than The Ohio State University, must be sent to Graduate and Professional Admissions.

Prerequisite Evaluation Request

Check the appropriate box indicating the program for which you want a Prerequisite Evaluation. Only one evaluation for one professional program per prospective applicant will be completed. The prerequisite evaluation takes four weeks to complete. Results will be emailed to you once it is completed or sent by U.S. postal mail if no email address is provided.

Schedule of courses

List all courses in which you are currently enrolled in addition to courses you plan to complete **prior** to applying to the college, school or division. Complete all sections.

Special instructions for international students

International education systems differ from those in the U.S., therefore Graduate and Professional Admissions frequently needs more than an academic record to determine course equivalency. If you have completed college-level course work in a foreign country, it may be necessary for you to submit detailed course descriptions in effect at the time the class was taken.

Retention of prerequisite evaluation materials

Prerequisite evaluation materials are retained by Graduate and Professional Admissions for two years. If you wish to apply to the professional program within this period and your transcripts are current, you need not resubmit transcripts. The request form and official transcripts become the property of The Ohio State University and may not be returned to the student, forwarded to another institution or duplicated.

For review and processing this PDF form and official, or copy of official, transcripts must be submitted.

To Submit this completed form and transcripts and any other supporting documents:

Complete form and click "Submit" on page 4 Submit all transcripts via Email: gpadocs@osu.edu or Mail: The Ohio State University Graduate and Professional Admissions P.O. Box 182004 Columbus, Ohio 43218-2004

For Questions: Email: <u>gpadmission@osu.edu</u> Phone: 614-292-9444



Prerequisite Evaluation

Personal data	(Please see ins	structions to ensure prope	er completion	n of this form.)				
Legal Name	Last/Family/Surname First/Given Middle						liddle		
Other names that or test scores, if					First	t		Middle	
Date of birth:	Month Da	y Year /	Ale			try of Citizen	nship:		
Present/ Street								Present Pho	ne
Current Address	City		intry Zip/ Postal Code			ostal Code	Last date at this address: mo/day/yr / /		
Permanent address	Number	Street				-		Permanent	Phone
(if different from above)	City			State/Country			ostal Code		
E-mail address:									
Previous Educa	ation (For cours	e work in which you are cu	rrently enrolle	d or plan to take	e in the future	, see nex	t page.)		
College/University		City/State/Country where attended	From Mo / Yr	To Mo / Yr	Major Deg		Degree/Cer Completed Anticipated	or	Name of Degree (B.S., B.A., M.A.)
			/	/			□ No □ Yes	/	
			/	/			□ No □ Yes □ No	/	
			/	/			\square Yes \square No	/	
			/				□ Yes □ No	/	
		all current or previous a	plications		Campus		College	,	Term/Year
admission you h	ave submitted	to Ohio State.							/
□ School Division Concen	of Health and R n of tration/ Track _	lest for (Check only on Rehabilitation Sciences:				ental Hy ealth &	Wellness Inn	ovation in He	althcare
		n of General Sociology General Environmen	tal			ollege o	f Medicine f Optometry		
College	-	 BSN Program RN to BSN Program Graduate 				-	f Pharmacy f Veterinary I	Medicine	
Remaining pre	requisite cou	rses to be completed	at: (List on	ly ONE instit	ution)				
-		/staff member at Ohio S		-	to the profe e:/			e whom and w	vhen:
		Term					_		
Signature				Da	ate				

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SCHEDULE OF COURSES

List all courses in which you are **currently enrolled and also those courses you plan to complete PRIOR** to applying to the college, school, or division.

<u>Currently</u> enrolled at other college/university

Course title	Dept and Course No.	Hours	Qtr/Sem	Term/Year	Name of College or University

Planned courses, to be completed at other college/university

Course Title	Dept and Course No.	Hours	Qtr/Sem	Term/Year	Name of College or University
Example:	Dept and				Name of College
Course Title	Course No.	Hours	Qtr/Sem	Term/Year	or University
Chemical Principles1A	<u>Chem 101</u>	4	<u> </u>	Au19	Utah State University
		Office Us	e Only:		
		Date Rec			
			uild Only		
			ild and Complete		
					G:GPA\Prof\Forms\PrerequisiteEvaluat

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