Prerequisite Evaluation Individual request form

Professional programs eligible for a Prerequisite Evaluation:

- **Health and Rehabilitation Sciences**
  o Athletic Training
  o Health Information Management & Systems
  o Health Sciences
  o Medical Dietetics
  o Medical Laboratory Science
  o Radiologic Sciences and Therapy
  o 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 admissions.osu.edu/standards 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 gpadmissions.osu.edu. 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: gpadmission@osu.edu
                   Phone: 614-292-9444

THE OHIO STATE UNIVERSITY

Prerequisite Evaluation

Personal data   (Please see instructions to ensure proper completion of this form.)

Legal Name Last/Family/Surname	First/Given	Middle

Other names that appear on transcripts or test scores, if different than above	Last	First	Middle

Date of birth: Month Day Year / /	Sex ☐ Male ☐ Female	Country of Citizenship:	
Present/ Current Address	Number Street		Present Phone ( )
	City	State/Country	Zip/ Postal Code	Last date at this address: mo/day/yr / /
Permanent address (if different from above)	Number Street		Permanent Phone ( )
	City	State/Country	Zip/ Postal Code	

E-mail address:

Previous Education (For course work in which you are currently enrolled or plan to take in the future, see next page.)

College/University	City/State/Country where attended	From Mo / Yr	To Mo / Yr	Major	Degree/Certificate Completed or Anticipated Mo / Yr		Name of Degree (B.S., B.A., M.A.)
		/	/		☐ No ☐ Yes	/	
		/	/		☐ No ☐ Yes	/	
		/	/		☐ No ☐ Yes	/	
		/	/		☐ No ☐ Yes	/	
		/	/		☐ No ☐ Yes	/	
Complete the blank at right for all current or previous applications admission you have **submitted** to Ohio State. Campus College for						Term/Year /	

Prerequisite evaluation request for (Check only one program.)

☐ School of Health and Rehabilitation Sciences:

　　Division of _____

　　Concentration/ Track _____

☐ Public Health: Division of   ☐ Sociology

　　　　　　　　　　　　　☐ Environmental

☐ College of Nursing: ☐ BSN Program

　　　　　　　　　　☐ RN to BSN Program

　　　　　　　　　　☐ Graduate

☐ College of Dentistry

☐ Dental Hygiene

☐ Health & Wellness Innovation in Healthcare

☐ College of Medicine

☐ College of Optometry

☐ College of Pharmacy

☐ College of Veterinary Medicine

Remaining prerequisite courses to be completed at: (List only **ONE** institution)

Name of College or University_____   City and State _____

If you have contacted any faculty/staff member at Ohio State concerning admission to the professional program, state whom and when:

Name: _____   Date: _____ / _____ / _____

When will you start at OSU? _____ Term _____year

Signature	Date / /

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.

Currently 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:					
Course Title	**Dept and Course No.**	**Hours**	**Qtr/Sem**	**Term/Year**	**Name of College or University**
Chemical Principles1A	Chem 101	4	S	Au19	Utah State University

Office Use Only:

Date Received: _____

☐ Build Only

☐ Build and Complete