



## Prerequisite Evaluation Individual Request Form

### Professional programs eligible for a prerequisite evaluation:

- **Health and Rehabilitation Sciences**
  - Health Information Management and Systems
  - Health Sciences
  - Medical Laboratory Science
  - Radiologic Sciences and Therapy
  - Respiratory Therapy
- **Dental Hygiene**
- **Dentistry**
- **Health and Wellness**
- **Medicine**
- **Nursing**
- **Optometry**
- **Pharmacy (ELPD)**
- **Veterinary Medicine**

*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](http://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
<ul style="list-style-type: none"> <li>• A service for prospective applicants who are not attending Ohio State and/or have inactive applications from Ohio State</li> <li>• An identification of courses from other accredited institutions that will satisfy specific course prerequisites</li> <li>• Only valid for the program indicated on the form</li> <li>• A review of previous course work taken at other institutions for fulfillment of specified program prerequisites</li> <li>• A tool for future course scheduling to ensure fulfillment of prerequisite courses</li> <li>• A one-time/one program request; no future requests will be honored</li> </ul>	<ul style="list-style-type: none"> <li>• An evaluation for transferable credit; transfer credit is reviewed at the time of admission</li> <li>• An application</li> <li>• A guarantee of admission into a program</li> <li>• Applicable to all programs; only for program indicated</li> <li>• For institutions on the standards website: <a href="http://admissions.osu.edu/standards">admissions.osu.edu/standards</a></li> </ul>

- Notes:** Should any of these situations pertain to your prerequisite evaluation, Graduate and Professional Admissions will notify you.
- In some instances, discussions with the student, program representatives and appropriate departments will be required before a final determination can be made.
  - 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.
  - 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](http://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.

**Before completing this form, 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 and complete transcript (the original or copy) 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 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.

**How to submit the required documents for review:**

**Complete the form on pages 3-4 of this PDF and submit the form, your official transcripts (original or copy) and any other supporting documents to Graduate and Professional Admissions.**

**Email:** [esue-gpevaluation@osu.edu](mailto:esue-gpevaluation@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](mailto:gpadmission@osu.edu)

Phone: 614-292-9444



Prerequisite Evaluation

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

Form with fields for Legal Name (Last/Family/Surname, First/Given, Middle), Other names, Date of birth, Legal Sex, Country of Citizenship, Present/Current Address, Permanent address, and E-mail address.

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

Table with 7 columns: 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.).

Prerequisite evaluation request for (Check only one program.)

- Checkboxes for School of Health and Rehabilitation Sciences (with sub-options for Division and Concentration/Track), College of Nursing (with sub-options for BSN, Accelerated BSN, LPN to BSN, Graduate Entry), College of Dentistry, Dental Hygiene, Health & Wellness, College of Medicine, College of Optometry, College of Pharmacy, and 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 Ohio State? \_\_\_\_\_ term \_\_\_\_\_ year

Signature and Date fields.



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
<u>Chemical Principles 1A</u>	<u>Chem 101</u>	<u>4</u>	<u>S</u>	<u>Au28</u>	<u>Utah State University</u>