



Prerequisite

Evaluation

Individual Request Form

Professional Programs Eligible for a Prerequisite Evaluation:

Allied Medical Professions

(Athletic Training; Circulation Technology;
Health Information Management & Systems;
Health Sciences; Medical Dietetics; Medical
Technology; Radiologic Sciences and Therapy;
Respiratory Therapy)

Dental Hygiene

Dentistry

Medicine

Nursing

Optometry

Pharmacy

Veterinary Medicine

This evaluation form is intended for students requesting evaluation of prerequisite course work at other schools, outside of The Ohio State University. Current OSU students should not use this form, but rather contact their academic advisor regarding OSU prerequisite course work.

Please carefully read the instructions on the next page.

What is a Prerequisite Evaluation?

Several professional programs require applicants to demonstrate preparation for admission by completing specific course prerequisites prior to admission. As a service to prospective applicants who are not already attending OSU, the Professional Admissions Office will identify courses at other accredited institutions that will satisfy specific course prerequisites for individual professional schools. The Prerequisite Evaluation is only valid for the program that the applicant indicates on this form. The student should not assume that evaluated prerequisite course work for one professional program will automatically fulfill prerequisite courses for another program. The Prerequisite Evaluation can be completed for course work previously taken, in which case an official transcript must be submitted from each institution attended. The Prerequisite Evaluation can also serve as a tool for future course scheduling to ensure fulfillment of prerequisite courses. 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.

What the Prerequisite Evaluation is Not:

THIS FORM WILL NOT PROVIDE an evaluation of all transferable credit. A transfer credit evaluation is completed only for persons admitted to a bachelor-level professional program. THIS FORM IS NOT AN APPLICATION. All professional programs have a specific admissions application and application deadlines. For additional information regarding these dates and the necessary admission procedures for a professional program, visit our website at <http://professional.osu.edu>. Receiving a Prerequisite Evaluation for a specific professional program does not in any way guarantee admission to that program. 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.

Special Note

The **College of Optometry** requires completion of prerequisites or their equivalents from an accredited college or university. At least 45 hours of this preparatory work should be taken at a baccalaureate degree-granting institution. Most students admitted to the College have a bachelor's degree.

The **College of Dentistry** requires that an applicant must complete a minimum of 90 quarters hours or 60 semester hours at an accredited four-year college or university, in addition to the required prerequisite course work. It is preferred that dental students enter the College with a bachelor's degree.

The **College of Veterinary Medicine** requires applicants to demonstrate recent competence in science prerequisites. This is automatically demonstrated if all science prerequisites have been satisfactorily completed within ten calendar years immediately preceding the year of application.

Instructions for Completing this PDF Form

Please complete using capital letters. Tab through the fields and type your correct legal name.

Previous Education

Complete the section for all universities (including Ohio State), colleges, schools, technical schools, or other post high school educational programs you have attended. Please list them in the order of attendance. One official and complete transcript of all courses attempted at each college and university attended, other than The Ohio State University, must be sent to the Professional Admissions Office. A photo copy of a transcript will not be acceptable. For a transcript to be official, it must be sent directly from the institution to our office. It is important to provide information about all courses currently scheduled at the bottom of the form.

Prerequisite Evaluation Request

Be sure to check the appropriate box indicating the program for which you want a Prerequisite Evaluation. Only one evaluation for one professional program will be honored. Upon receipt of the completed form and all previous official university transcripts in the Professional Admissions Office, the prerequisite evaluation typically takes about four weeks. Evaluation results will be emailed to you once it is completed or sent by U.S. postal mail if no email address is provided.

Special Instructions for International Students

International education systems differ from those in the U.S.; therefore, the Professional Admissions Office frequently needs more information 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

The Prerequisite Evaluation materials are retained in the Professional Admissions Office 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.

Return this PDF form and official transcripts to: The Ohio State University, Professional Admissions Office, P.O. Box 182003, Columbus, Ohio 43218-2003; Questions: email professional@osu.edu or call (614) 292-9444.



Prerequisite Evaluation

Personal data (Please answer by tabbing through sections below and see instructions to assure proper completion of this form.)

Full Legal Name	Last/Family/Surname	First/Given	Middle
Other names that appear on transcripts or test scores, if different than above			
Date of birth Month Day Year	Country of citizenship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Visa information (Non-U.S. citizens only) (check all that apply) <input type="checkbox"/> I currently hold a __ F-1, __ F-2, __ J-1, __ J-2, __ H-4, or _____ Visa. <input type="checkbox"/> I have an immigrant visa. Date _____ and alien registration number _____ <input type="checkbox"/> My request for U.S. Permanent Residency or Asylum is pending and my current or most recent Visa type is _____.
Present Address	Number Street		Present Phone ()
	City	State/Country	Zip/postal code Final date at present address Mo Day Year
Permanent address (if different from above)	Number Street		Permanent Phone ()
	City	State/Country	Zip
E-mail address:			

Previous Education: For course work in which you are currently enrolled or plan to take in the future, see next page. Complete the following blanks for **ALL** universities (including Ohio State), colleges, technical schools or other post-high school educational programs you have attended. **Please list in order of attendance. Forward one official and complete transcript from each school which you have attended, except Ohio State, if applicable.**

College/University	City/State/Country where attended	Dates of Attendance				Major	Degree/Certificate Completed or Anticipated	Name of Degree (e.g., B.S., B.A., M.A.)
		From Mo.	To Yr.	From Mo.	To Yr.			
							<input type="checkbox"/> No <input type="checkbox"/> Yes	
							<input type="checkbox"/> No <input type="checkbox"/> Yes	
							<input type="checkbox"/> No <input type="checkbox"/> Yes	
Complete the blank at right for all current or previous applications for admission you have submitted to Ohio State.						Campus College	Quarter/Year	

Prerequisite evaluation request for: (check only one program below). When will you start OSU? _____ qtr. _____ yr.

- | | | |
|--|--|--|
| <input type="checkbox"/> School of Allied Medical Professions
Division of _____ | <input type="checkbox"/> College of Dentistry 135/91
<input type="checkbox"/> Dental Hygiene 132/E.B.
<input type="checkbox"/> Nursing BSN Program 315/57
<input type="checkbox"/> Nursing RN to BSN Program 315/57 | <input type="checkbox"/> College of Medicine 275/94
<input type="checkbox"/> College of Optometry 335/95
<input type="checkbox"/> College of Pharmacy 362/DP
<input type="checkbox"/> College of Veterinary Medicine 481/98 |
|--|--|--|

Remaining courses to be completed at:
(please list only one institution)

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

Name of College or University _____

City and State _____

If you plan to finish prerequisites at Ohio State, what will be your first quarter of enrollment _____ qtr. _____ yr.

For Office Use Only
Date Received: _____
All transcripts received Yes No Date: _____

Signature x	Date
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SCHEDULE OF COURSES

The Ohio State University

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.	Semester or Quarter Hours	Qtr/Sem Year	Name of College or University
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Courses yet to be Completed at Other College/University

Course Title	Dept and Course No.	Semester or Quarter Hours	Qtr/Sem Year	Name of College or University
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sample Course Title	Dept and Course No.	Semester or Quarter Hours	Qtr/Sem Year	Name of College or University
<u>Chemical Principles 1A</u>	<u>Chem 101</u>	<u>4 sem</u>	<u>AU98</u>	<u>Capital University</u>