



SCHOOL OF
PUBLIC HEALTH

Request for Application of Credit

This form may be used to apply credits taken at OHSU or PSU prior to matriculation toward a student’s current degree program. *For coursework taken at institutions other than OHSU or PSU, use the Request for Transfer of Credit form instead.*

PART I: REQUEST

Student Name: _____ Student ID #: _____

Degree Program: _____ Term/Yr of Matriculation _____ Date _____

The above student requests that the courses listed below, taken at _____, be applied as credit to the student's degree program as indicated.

Term/Year Completed	Course to be Applied (List Course Name and Number)	Credit Hrs	Apply to Degree Requirement (specify requirement this course will count for, or, if an elective, write “elective”)

PART II: APPROVALS

Program Director

Signature

Date