

Petition to Receive Undergraduate Credit for Graduate-Level Course

Student Instructions: Obtain the signature of the course instructor and then return form to a CPH academic advisor in the OAPSS Office, 100 Cunz Hall, for review and decision.

STUDENT INFORMATION				
Student Name (Last, First):				
OSU ID #: and Email				
Select Degree (choose one): Pre-Major				
Honors student? Circle one: C *(If not, letter of support needed from undergraduate advisor)	carrialative of 7t.		Credit Hours earned:	
COURSE INFORMATION				
Semester course taken:	Dep		partment and Course Number:	
Credit Hour (s):	Cl:		ass Registration Number:	
Reason for taking course:				
I understand that I will NOT be able to receive g graduate credit status at any time in the future.		it for this course and t	hat I will NOT be able to change the course t	
Student Signature		 Date		
INSTRUCTOR OF COURSE: Sign below if student Instructor Signature Date		OSU Email		
☐ Student meets the established criteria (has following BSPH degree requirement:	Honors status	s) and the undergraduate	credit the student will earn will fulfill the	
☐ Student meets the established criteria (has fulfill a degree requirement.	Honors status	s) but the undergraduate	credit the student will earn will NOT	
☐ Student does NOT meet the established cr consider an exception and has a letter of sup				
COLLEGE OF PUBLIC HEALTH		□approved	☐ DENIED	
Office of Academic Programs and Student Services Director	Date	OSU Email		
Graduate Studies Chair Signature	 Date	OSU Email		
GRADUATE SCHOOL: Sign below if student has po	ermission to e	enroll in course listed a	bove.	
Graduate School Representative (247 University H	all)	Date OSU E	Email	