

**ACT 147
Military Credit Award Request**

Student Name: _____ ID#: _____

Please check item(s) below:

Please award Veteran credit only
(2 credits of Phy Ed 105 and 2 credits of Health Education Elective - Upper Level)

Please award all Military and Veteran credit

Please award the Military credit listed below:
(Note, if any Military credit is awarded, 4 credits of Veteran credit will be awarded, too)

Department (Dept)	Course #	Credits	Notes

Student intends to contact departments to appeal equivalencies for the credit listed below:

Current Dept/Course #	Proposed Dept/Course #	Credits	Notes

Additional Comments:

Student's Signature: _____ Date: _____

Please submit completed form to: TCHelp@uwosh.edu