

Eastern Oregon University

Military Training Credit Evaluation Summary

(Please submit one form for each training request)

STUDENT INFORMATION		SOC SEC. #	ADVISOR INFORMATION (Name, Center Location, Phone, E-mail)
SERVICE BRANCH	E-MAIL ADDRESS	PHONE NUMBER(S)	

Exact Course Title & Number (Individual course information attached)	Qtr. Credits Requested		Discipline Consideration
	Lower Division	Upper Division	