UAB RN-BSN MOBILITY PROGRAM
UNOFFICIAL EVALUATION REQUEST FORM

Registered Nurses interested in the RN-BSN Mobility Program in the School of Nursing at UAB may request an unofficial evaluation of their prerequisite coursework. Please complete this form and submit it with copies of unofficial transcripts to the Undergraduate program manager listed on the bottom of this form. Documents may be submitted via email, fax or mail. Unofficial transcript evaluations are usually completed within 10-15 business days.

NAME: ____________________________________________________________________ DATE: __________

ADDRESS: _____________________________________________ CITY/STATE: _________________________

PHONE: (_______) ___________________________ EMAIL: _____________________________________________

Month & Day of Birth: ________________ Previous Last name(s): _________________________________________

How did you hear about the UAB RN-BSN program? ____________________________________________________

_______________________________________________________________________________________________

PLEASE LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

1. School Name: _____________________________________________ CITY/STATE: _________________________
   Dates of Attendance: _______________________________ Degree Earned/Expected: ________ Date: ____________

2. School Name: _____________________________________________ CITY/STATE: _________________________
   Dates of Attendance: _______________________________ Degree Earned/Expected: ________ Date: ____________

3. School Name: _____________________________________________ CITY/STATE: _________________________
   Dates of Attendance: _______________________________ Degree Earned/Expected: ________ Date: ____________

4. School Name: _____________________________________________ CITY/STATE: _________________________
   Dates of Attendance: _______________________________ Degree Earned/Expected: ________ Date: ____________

5. School Name: _____________________________________________ CITY/STATE: _________________________
   Dates of Attendance: _______________________________ Degree Earned/Expected: ________ Date: ____________

Please list your current school and any in-progress/future courses you plan to complete before starting classes at UAB:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Have you applied for admission to UAB? Never _____ YES (former student) _____ YES (current/future student) ______

Please provide your BlazerID or UAB Student number, if available: ________________________________________

What semester and year are you planning to start the RN-BSN program? ________________________________
(Students can only apply to the RN-BSN Program for fall and spring semester.)

Please submit the evaluation request form and all unofficial transcripts to:
Gail M. Holmes, Undergraduate Program Manager
UAB School of Nursing
NB 2M019G, 1720 2nd Avenue South
Birmingham, AL 35294-1210

Email: gmholmes@uab.edu
Fax: (205) 934-5490