Registered Nurses interested in the RN/BSN Program at the UAB School of Nursing may request an evaluation of their prerequisite coursework. Please complete this form then send the form and unofficial transcripts to the program manager listed on the bottom of this form via mail, fax or email.

Official transcripts will be required if you formally apply to UAB.

NAME: ___________________________________ DATE: __________________________

ADDRESS: __________________________________________________________________________
_________________________________________________________________________________

PHONE: ______________________________ CELL PHONE: __________________________

EMAIL: __________________________________________

Please provide the following information regarding the transcript(s) you wish to have reviewed (Please allow 7-10 days):

(1) NAME OF SCHOOL: __________________________________________________________________________
    CITY AND STATE: __________________________________________________________________________

(2) NAME OF SCHOOL: __________________________________________________________________________
    CITY AND STATE: __________________________________________________________________________

(3) NAME OF SCHOOL: __________________________________________________________________________
    CITY AND STATE: __________________________________________________________________________

Please list earned or expected degrees before you start classes at UAB:

    Bachelor’s Degree? YES ____ NO ____ Major ______________________________
    Associate’s Degree? YES ____ NO ____ Major ______________________________
    Other Degrees? YES ____ NO ____ Major ______________________________

Term you prefer to start RN Mobility Program:
    Semester / Year FALL_______ SPRING_______

Are you currently admitted through UAB Undergraduate Admissions? YES ____ NO ____

For transcript evaluations, send the completed form and unofficial or official transcripts to:

Gail M. Holmes, Program Manager
UAB School of Nursing
Student Affairs Office
NB 1002, 1720 2nd Avenue South
Birmingham, AL 35294-1210

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