

## UAB RN-BSN PATHWAY UNOFFICIAL EVALUATION REQUEST FORM

Licensed registered nurses interested in the RN-BSN Pathway in the School of Nursing at UAB may request an unofficial evaluation of their prerequisite coursework. Complete the evaluation request form and submit it to the School of Nursing RN-BSN program manager with a copy of an unofficial transcript from each school you attended. Submit the documents via email. The evaluation may take 10-15 business days to be completed.

NAME:	DATE:			
ADDRESS:	CITY/STATE:			
PHONE: ()E	MAIL:			
Month & Day of Birth: Previous La	st name(s):			
How did you hear about the UAB RN-BSN Pathway?				
Are you a UAB Employee?				
PLEASE LIST ALL COLLEGES OR UNIVERSITIES	ATTENDED:			
1. School Name:	CITY/STATE:			
Dates of Attendance:	Degree Earned/Ex	pected: Date:		
2. School Name:	CIT	Y/STATE: _	ATE:	
Dates of Attendance:	Degree Earned/Ex	pected: Date:		
3. School Name:	CIT	CITY/STATE:		
Dates of Attendance:	Degree Earned/Expected: Date:		Date:	
4. School Name:	CIT	Y/STATE: _		
Dates of Attendance:	Degree Earned/E	d/Expected: Date:		
5. School Name:	CIT	CITY/STATE:		
Dates of Attendance:	Degree Earned/Expected: _		Date:	
Please list your current school and any in-progress/futu	re courses you plan to co	mplete bei	ore starti	ng classes at UAB:
Have you applied for admission to UAB? Never	YES (former student)	YES (d	current/fut	ure student)
Please provide your BlazerID or UAB Student number,	if available:			
What semester and year do you plan to begin the num (Students can only begin the RN-BSN Pathway in the fall or spring s	-	BSN Path	way?	
Do you need to complete prerequisites before applyi	ng to the program?	YES 🗆	<b>NO</b> □	NOT SURE $\Box$
If you need prerequisites, do you plan to complete pr	erequisites at UAB?	YES 🗆	NO 🗆	NOT SURE $\Box$
If not at UAB, where?				

## Please email the evaluation request form and unofficial transcripts to:

Gail M. Holmes gmholmes@uab.edu