

**TRANSCRIPT EVALUATION FORM**

[www.uab.edu/nursing](http://www.uab.edu/nursing)

Registered Nurses interested in the RN/BSN Mobility Program at the UAB School of Nursing may request an evaluation of their prerequisite coursework. To initiate an evaluation of your prerequisite coursework:

1. Complete this form.

2. Obtain copies of unofficial/official transcripts from **all** colleges previously attended.

3. Create a coversheet and include the total number of pages included in your transmission. Send coversheet, this form, and all transcripts to the program manager listed at the bottom of this page via mail, fax or email.

\*\*\*Official transcripts will be required when you 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 7-14 business days):

1. NAME OF SCHOOL:

CITY AND STATE:

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CITY AND STATE:

Are you currently enrolled in classes? Yes \_\_\_\_ No \_\_\_\_ Name of School:

Classes currently or expecting to attend:

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

Bachelor’s Degree? YES \_\_\_\_\_\_ NO \_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year \_\_\_\_\_\_\_\_\_

Associate’s Degree? YES \_\_\_\_\_\_ NO \_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year \_\_\_\_\_\_\_\_\_

Other Degrees? YES \_\_\_\_\_\_ NO \_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year \_\_\_\_\_\_\_\_\_

Term you prefer to start RN Mobility Program:

Semester / Year FALL/\_\_\_\_\_\_\_\_ SPRING/\_\_\_\_\_\_\_\_

Are you currently admitted through UAB Undergraduate Admissions? YES \_\_\_\_\_ NO \_\_\_\_\_

**UAB School of Nursing** Email: [sonstudaffrs@uab.edu](mailto:sonstudaffrs@uab.edu)

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