

**RN MOBILITY PROGRAM
TRANSCRIPT EVALUATION FORM**

www.uab.edu/nursing

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

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