

University of Louisiana at Lafayette
College of Nursing and Allied Health Professions
Office of Nursing Student Services

Request for Transcript Evaluation

Email mweaver@louisiana.edu or cheri@louisiana.edu

OR

Fax this form with an unofficial copy of your transcripts to (337) 482-5700.

You must include a copy of a transcript from **EVERY** institution that you have attended.

After your transcripts have been reviewed, your results will be emailed.

Date: _____

Name: _____
 First Middle Last Maiden

Mailing Address: _____
 Street

 City State Zip

Phone Number(s) _____

E-mail Address: _____

List ALL universities/colleges attended:

I am requesting that my transcripts be evaluated for the following program:

- Nursing
- Health Services Administration
- Health Information Management