



UNIVERSITY OF
**CENTRAL
MISSOURI**
LEARNING TO A GREATER DEGREE

**RN-BSN PROGRAM
REQUEST FOR TRANSCRIPT EVALUATION**

Fill out the form below and submit with either official or unofficial transcript(s) from all institutions attended. Materials may be submitted by fax (660-543-8304), email (yancey@ucmo.edu) or mailed to:

University of Central Missouri
School of Nursing
PO BOX 800
Dockery 203
Warrensburg, MO 64093

Name: _____
Last First Middle

Email: _____

Telephone Number: () _____

| | |
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| Institution Attended: _____ | Transcript Sent: Yes No |
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Your transcript evaluation will be emailed to you. If you prefer a different method of communication, please indicate in the comments box. If you have any further questions or concerns, please contact our office at 660-543-8438.