

Nursing Program

Transcript Evaluation Request

*You may fax the completed request to: 530-938-5531 or send it to:
800 College Avenue Weed CA 96094; Attention: Transcript Evaluation*

Directions:

- 1) Please complete all the following steps on this form.
- 2) Attach all transcripts you would like evaluated and your current schedule of classes to this form.
- 3) Evaluations are completed in order of submission date. Standard completion time is 2-4 weeks.

Step 1 –Student Information – Please Print

Student Name: Last _____ First _____ Other Last Names _____

COS SID: S000 _____ SSN: _____ DOB: _____

Phone: () _____ E-mail _____

Mailing Address: _____
Street _____ City _____ State _____

Are you currently enrolled at COS? Y N Are you intending to enroll at COS ? Y N Semester _____

Step 2- Transcript Information

COS Online Transcript (Fall 1990-present) COS Microfiche Transcript (courses prior to Fall 1990)
 Transcript(s) from other School
 Current Class Schedule- College _____ Semester _____

 Transcript #1 from _____ *please attach*
 Transcript #2 from _____ *please attach*
 Transcript #3 from _____ *please attach*

Step 3-Evaluation Information

LVN Prerequisites LVN to RN Step Up

The information above is correct to the best of my knowledge

Date Submitted _____ Requestor's Signature _____

Evaluator Information (Office Use Only)

DB Input _____ Cmpltd _____ Evaluator's _____ LVN # _____ LVN/RN# _____