



UNIVERSITY of MASSACHUSETTS AMHERST  
 Continuing and Professional Education Office of Admission  
 100 Venture Way  
 Hadley, MA 01035-9430

Phone: (413) 577-0746  
 Fax: (413) 545-4312

**University of Massachusetts Amherst  
 School of Nursing - RN-BS Online Track**

**RN TRANSFER CREDIT EVALUATION REQUEST**

**TO:** Continuing and Professional Education  
 University of Massachusetts  
 100 Venture Way  
 Hadley, MA 01035-9430

DATE: \_\_\_\_\_

**ATTN:** Elizabeth Leary

**FAX #** (413) 545-4312

**PLEASE COMPLETE AN EVALUATION OF MY TRANSFER CREDITS.**

**Attach official/unofficial copies of RN licensure and transcripts from ALL COLLEGES ATTENDED.**

Name: \_\_\_\_\_

Previous last name/s (if any) \_\_\_\_\_

Address:

\_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

Work/Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I completed an ADN/Diploma program at (school): \_\_\_\_\_

I am currently enrolled in an ADN/Diploma program at: \_\_\_\_\_

The college/s at which I plan to take remaining courses are: \_\_\_\_\_

I am currently enrolled in courses (please list) \_\_\_\_\_

**FAX this form to Elizabeth Leary at (413)-545-4312**