



UNIVERSITY of MASSACHUSETTS
 Undergraduate Admissions Office
 37 Mather Drive
 Amherst, MA 01003-9291

Phone: (413) 545-0222
 Fax: (413) 545-4312

**University of Massachusetts Amherst
 School of Nursing - RN-BS TRACK**

REQUEST FOR EVALUATION OF TRANSFER CREDITS

TO: Office of Undergraduate Admissions

DATE: _____

ATTN: Elizabeth Leary
 University of Massachusetts
 37 Mather Drive
 Amherst, MA 01003-9291
 FAX # (413)- 545-4312

**PLEASE COMPLETE AN EVALUATION OF MY TRANSFER CREDITS.
 Attach official/unofficial copies of transcripts from ALL COLLEGES ATTENDED.**

Name: _____

Previous last name/s (if any) _____

Address:

 _____ ZIP _____

Email: _____

Work 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