

WASHBURN UNIVERSITY

SCHOOL OF NURSING

STUDENT PROFILE & TRANSCRIPT EVALUATION REQUEST

Student Profile & Contact Information			
Last Name:	First Name:	MI:	Date:
Street Address:		City, State, Zip:	
Phone:	Cell:	Email:	
Maiden Name or other name you have been known by, if applicable:			
Professional Information			
Years as an RN:	State(s) with active licensure:		
Nursing Education			
School:	City, State:	Year Graduated:	
Degrees/Diploma			
<input type="checkbox"/> ADN	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Diploma	<input type="checkbox"/> Previous <input type="checkbox"/> Current Washburn University student
All previous or current colleges attended and degrees/diploma awarded, if any			
College	Dates Attended	Degree/Diploma	
Email, fax, or mail completed form with <u>all</u> transcripts			
Email: RNBSN@washburn.edu Fax: 785-670-1113 Mail: ATTN: Leah Brown Online Admissions Washburn University 1700 SW College Avenue Topeka, KS. 66621-1117		After all transcripts are received, an unofficial review for transfer of credit will be completed within one week.	
		Results of review will be sent to the email address provided on this form.	
		Please note: Evaluation is understood to be “unofficial,” and courses from other institutions are not guaranteed until all official transcripts are received and processed by Washburn University’s Registrar Office. The Registrar will only process official transcripts once the student has applied and payment of application fee has been made.	