

MAILING ADDRESS:
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Waterloo, IA 50703
319-226-2014
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EMAIL: admissions@allencollege.edu

Transfer Credit Evaluation

Name _____

Street _____	City _____	State _____	Zip _____
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Phone Number _____ Email Address _____

I am requesting an evaluation for the following program:

- | | |
|--|---|
| <input type="checkbox"/> Traditional BSN Nursing (BSN)
<input type="checkbox"/> Accelerated BSN Nursing (ACC-BSN)
<input type="checkbox"/> Radiography (ASR)
<input type="checkbox"/> Ultrasound/ Bachelor's degree (DMS)
<input type="checkbox"/> Nuclear Medicine/ (Bachelor's degree)
<input type="checkbox"/> Dental Hygiene (Completion program) | <input type="checkbox"/> RN-BSN (Already have a RN license)
<input type="checkbox"/> Public Health
<input type="checkbox"/> Medical Laboratory Science
<input type="checkbox"/> Ultrasound (Certificate)
<input type="checkbox"/> Nuclear Medicine (Certificate)
<input type="checkbox"/> MS in Occupational Therapy |
|--|---|

- I **will** have a Bachelor's degree **before** applying to Allen College
- I **will not** have a Bachelor's degree **before** applying to Allen College

I have attended the following colleges:
(Please submit transcripts from all colleges attended to create the most accurate evaluation)

*All evaluations are unofficial until the student has been admitted with *official* transcripts on file. Official transcripts are not required for the initial transfer credit evaluation; however, official transcripts will be required to complete the application process.