

COLLEGE/UNIVERSITY TRANSCRIPT INFORMATION:

Please complete the following for every college/university you are attending, have attended and/or graduated from. Transcripts must be received from every college/university before a transcript evaluation can be completed.

Note: Transcripts from colleges outside of the United States must be evaluated by World Education Services (WES) and the WES evaluation sent to MCCN for consideration.

Institutions (Please list all)	City /State	First-Last Years of Attendance	Degree Earned
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____

COURSE ENROLLMENT:

Please list all courses you are currently taking and/or plan to take before your planned semester of enrollment at Mount Carmel College of Nursing.

If you plan to take courses prior to enrollment, which College/University will you attend? _____

Course Number (ex: Bio 101)	Title of Course (ex: Intro to Biology)	Credit Hours	Quarter (Q) Semester (S) (Fall-S-2010)	College-University Name (ex: Empire College)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have any questions about the transcript evaluation or admission process, please visit our website at www.mccn.edu, e-mail us at admissions@mccn.edu or call us at 614-234-4CON or 800-556-6942.

The Office of Recruitment & Admissions is open Monday through Friday between 9:00 a.m. and 5:00 p.m.

Correspondence should be mailed to:
 MOUNT CARMEL COLLEGE OF NURSING
 OFFICE OF ADMISSIONS
 127 SOUTH DAVIS AVENUE
 COLUMBUS, OH 43222

I understand that the transcript evaluation in no way guarantees acceptance to Mount Carmel College of Nursing or any of the College's programs and only serves as a preliminary evaluation of potential transfer credit.

Signature (Required): _____ Date: _____