



Fayetteville State University

Department of Nursing
 1200 Murchison Road
 Fayetteville, NC 28301

Transcript Review Request

Directions: Please attach a copy of all transcripts with this completed form to Mrs. Mary Dickey, RN-BSN Coordinator by mail, email: mdickey@uncfsu.edu or fax: 910-672-1077.
 Please allow 7-10 business days for processing.

Please review the Admission Criteria for the Upper Division Nursing Program before submitting your form.
<http://www.uncfsu.edu/nursing/Admissions/admission.htm>

Date:					
Last Name:					
First Name:					
Phone Number:					
Email Address:					
Degree Program: (Please check)					
<input type="checkbox"/> I am a current RN applying to the RN-BSN Program					
EDUCATIONAL BACKGROUND					
Institution Name	Location	Dates Attended	Graduation Date	Degree/Major	GPA
DEPARTMENTAL USE ONLY	Status:			<i>Is the student in good standing at previous nursing program?</i>	Y N N/A