

**Practical Nurse Program**  
**Department of Health Sciences, Colorado Mesa University**

**Transcript Request Form**

This form gives the Department of Health Sciences permission to request transcripts forwarded to the Department of Health Sciences for your application. Please email this form in **.pdf** format to: [healthscience@coloradomesa.edu](mailto:healthscience@coloradomesa.edu) with a subject line of: "Practical Nurse Application". In order to give the Registrar's Office enough time to properly process this request and forward items to the Department of Health Sciences by the deadline, you are encouraged to submit this form at least **TWO** weeks **PRIOR** to the application deadline.

**Required:** Full Legal Name

**Required:** CMU Student ID#

**Required:** Signature

Please list all college(s) you have attended (including Colorado Mesa University) include years of attendance:

<u>Example: Harvard University</u>	<u>Spring 1999-Fall 2005</u>		
College/University Name	Dates of Attendance	College/University Name	Dates of Attendance
College/University Name	Dates of Attendance	College/University Name	Dates of Attendance
College/University Name	Dates of Attendance	College/University Name	Dates of Attendance
College/University Name	Dates of Attendance	College/University Name	Dates of Attendance

**Registrar:**

Please send copies of the following to the CMU Department of Health Sciences office:

- (1) all transcripts from other colleges, if applicable;
- (2) transcript evaluation prepared by the Office of the Registrar, if applicable;
- (3) current CMU transcript, if applicable. Please complete the area below.

**FOR REGISTRAR'S USE ONLY:**

Has applicant been accepted at CMU?	Yes	No
What is the student's status level?	Baccalaureate	Associate
Transcripts from other colleges attended:	Attached	Xtender
List colleges: _____	_____	
_____	_____	
Transcript evaluation complete?	Yes	No
	Attached	Xtender
Current CMU transcript:	Attached	Xtender