

Request for Previous School(s) Transcripts – Nursing and/or Health Science Programs

Student ID: B _____ Student Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Program I am applying to: _____

I understand that previously submitted official transcripts on file are the property of Eastern Florida State College; however, I am requesting that copies of my previously submitted transcripts, related to the program indicated above, be included with my application. If applying to multiple programs, I must submit separate requests. I am responsible for submitting a copy of my current unofficial EFSC transcript, by the deadline.

Student Signature: _____ Date: _____

FORMS MUST BE SUBMITTED TO THE NURSING AND HEALTH SCIENCES ADMISSIONS OFFICE, prior to the program application deadline. Mailed requests must be postmarked prior to the application deadline date and sent to the Health Science Admissions Office on the campus where your program is located:

Eastern Florida State College, ATTN: NURSING AND HEALTH SCIENCES ADMISSIONS, 1519 Clearlake Road,, Bldg 11, Room 212, Cocoa, FL 32922 **OR**

Eastern Florida State College, ATTN: NURSING AND HEALTH SCIENCES ADMISSIONS, 3865 N. Wickham Road, Bldg 15, Room 101, Melbourne, FL 32935

We also accept faxed requests to: (321) 433-7579, and **emailed requests to:** healthscience@easternflorida.edu.

FOR NURSING/HEALTH SCIENCES OFFICE PERSONNEL USE ONLY – Request Completed By: _____ (Initials) _____ (Date)