

**Request for Previous School(s) Transcripts – Nursing and/or Health Science Program Application**

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 application deadline date and sent to:** Eastern Florida State College, ATTN: NURSING AND HEALTH SCIENCES ADMISSIONS, 1519 Clearlake Road, Cocoa, FL 32922. **We also accept faxed requests to:** (321) 433-7579, and **emailed requests to:** healthscience@easternflorida.edu

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