

REQUEST FOR ACADEMIC RECORDS: NURSING

Note to Applicant: It is your responsibility to ask your university/institution to send your records to International Education Evaluations. Please complete the top part of this form and submit it to the registrar, controller of examinations or other authorized official at your university. Note that some universities may charge a fee for this service.

Last / Family Name		First / Given Name			
Previous Name (if applicable)		Date of Birth (dd/mm/yyyy)			
Institution Name		Dates Attended From: (mm/yyyy) To: (mm/yyyy)			
Degree or Qualification Conferred (if applicable)	Year of Award (if applicable)		Major / Specialization		
Student ID or Roll Number (if applicable)		Applicant's Email Address			

I hereby authorize the release of my academic records to International Education Evaluations.

Student's Signature

Note to Authorized Official: The above-named student seeks to have their credentials evaluated and requests that a transcript of their academic records/statement of marks - showing all subjects and all grades/marks awarded for all years of study - be released to IEE, Inc. Please complete this form, place the form and academic records in an envelope, sign and seal the envelope across the back flap, and send it directly to IEE, Inc. at the address on page 2.

Date

Name of Official Completing Fo	rm	Title		
Name of college, university, or	nursing school			
Address	URL [www.]			
City	Country			Postal Code
Phone	Fax		Email	
<i>Confirmation of Enrollment Dates</i>	Attended FROM (mm/yyyy)		TO (mm/yyyy)	
Confirmation of Program Completion	Award/Conferral Date		Title of Degree/Credential/Qualification	

Confirmation of Theoretical Instruction and Clinical Hours

Important:

- a) If no hours were completed, indicate with N/A
 b) For integrated curriculum, use column 3 to indicate in which courses the topics are integrated

Nursing Subject	Theory Hours	Clinical Hours	If applicable, please list courses in which these topics are integrated.	CHECK if concurrent
Adult Medical Nursing				
Adult Surgical Nursing				
Maternal and Infant Nursing				
Pediatric Nursing and Care of Children				
Psychiatric and Mental Health Nursing				
Gerontology and Geriatric Care				
Community Nursing and Public Health				
Non-Nursing Courses	Theory Hours	Laboratory Hours	If applicable, please list courses in which these topics are integrated.	
Anatomy and Physiology				
Microbiology				
Pharmacology				
Nutrition				
Chemistry				
Physics				
Ma	tive Language:			
Language	of Instruction:			
Language of	Nursing Texts:			

Authorized Official's Signature and Seal

Date

Please return this form with official academic records (transcript, statements of marks, etc.)

Submit via Post **International Education Evaluations** 7900 Matthews Mint Hill Rd, Suite 1A Charlotte, NC 28227-6566, USA

Submit electronically (preferred) records@myiee.org