LSU Health Sciences Center at New Orleans
Office of the Registrar
433 Bolivar Street, 4th Floor
New Orleans, LA 70112
(504) 568-4829 (504) 568-5545 fax
registrar@lsuhsc.edu

REQUEST FOR TRANSFER CREDIT

NAME *(last, first middle)* STUDENT/EMPLOYEE ID #

CAREER PROGRAM PLAN ARTICULATION TERM

EXTERNAL COURSES

Institution	Term (year/sem)	Course	Number	Credits	Grade

LSUHSC EQUIVELENT COURSES

Course	Number	Credits	Grade

Transfer Credit Evaluator Date

Official transcripts, or two sided copies of official transcripts which you have in your possession, must accompany this request.