



LSU Health Sciences Center
at New Orleans
Office of the Registrar
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 New Orleans, LA 70112
 (504) 568-4829 (504) 568-5545 fax
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REQUEST FOR TRANSFER CREDIT

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NAME *(last, first middle)*

STUDENT/EMPLOYEE ID #

CAREER				PROGRAM				PLAN				ARTICULATION TERM							

EXTERNAL COURSES

Institution	Term (year/sem)	Course	Number	Credits	Grade

LSUHSC EQUIVALENT 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.