



**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 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.