LSU Health NEW ORLEANS

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Request for Transfer Credit

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

CAREER PROGRAM PLAN ARTICULATION TERM

EXTERNAL COURSES

LSUHSC EQUIVALENT COURSES

Institution	Term (ex: Spr 25)	Course	Number	Credits	Grade	Course	Number	Credits	Grade

Transfer Credit Evaluator Date

Official transcripts or two-sided copies of official transcripts must accompany this request.