




**International
Education
Evaluations**

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 Kallon		First / Given Name Thomas Tom	
Previous Name (if applicable) Nyakeh		Date of Birth (dd/mm/yyyy) 21/April/1989	
Institution Name Njala University		Dates Attended From: (mm/yyyy) To: (mm/yyyy) December/2017 October/2021	
Degree or Qualification Conferred (if applicable) Bachelor of Science with Honors in Nursing	Year of Award (if applicable) Spring/2022		Major / Specialization General Nursing
Student ID or Roll Number (if applicable) 36743		Applicant's Email Address kallonthomastom@gmail.com	

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

Signed by:

932D0EA7784F458...

8/20/2024

Student's Signature

Date

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.

Name of Official Completing Form		Title	
Name of college, university, or nursing school			
Address			URL [www.]
City	Country	Postal Code	
Phone	Fax	Email	
Confirmation of Enrollment Dates Confirmation of Program Completion		Attended FROM (mm/yyyy)	TO (mm/yyyy)
		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				<input type="checkbox"/>
Adult Surgical Nursing				<input type="checkbox"/>
Maternal and Infant Nursing				<input type="checkbox"/>
Pediatric Nursing and Care of Children				<input type="checkbox"/>
Psychiatric and Mental Health Nursing				<input type="checkbox"/>
Gerontology and Geriatric Care				<input type="checkbox"/>
Community Nursing and Public Health				<input type="checkbox"/>

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			

Native 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