



HIGH SCHOOL OFFICIAL TRANSCRIPT REQUEST

ARNOT OGDEN MEDICAL CENTER SCHOOL OF NURSING

600 Roe Avenue, Elmira, NY 14905

(607) 737-4153 fax (607) 737-4116

www.arnothealth.org email: mlyon@arnothealth.org or lmacauslan@arnothealth.org.

Applicant:

Please fill in the following information and forward this form to your high school.

Name: _____
 Last *First* *If applicable, maiden name*

Address: _____

Phone: _____ **SS#** _____

Graduated _____ **or years attended:** _____

High School:

Please attach an official transcript including the school address and phone number.

Return this form and official transcript to the applicant in a sealed envelope to submit to the Arnot Ogden School of Nursing with the application packet

- *We do not accept faxed official transcripts.*
- *List the subjects currently enrolled in, as well as those completed.*
- *A supplementary report should be submitted upon completion of high school.*

Please complete the following if not indicated on the high school transcript:

1. Ranked _____ in a class of _____ students.
2. Attendance _____
3. Final or current grade average _____
4. Passing grade of school _____
5. Accreditation of the school _____
6. Graduated _____ or, will graduate on _____
7. We would appreciate your estimate of the applicant's ability and general qualifications for the study and practice of nursing. Include any special recognition, if any, that the applicant has received

Date: _____

Signature: _____

Title: _____

Additional comments reverse side