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: ____________________________________________________