

MDT College of Health Sciences

www.atsinstitute.edu

325 Alpha Park Drive
Highland Heights, Ohio 44143
Phone 440-573-0000 Fax 440-449-1389

25 East Washington, Suite 200
Chicago, IL 60602
Phone 312-214-2000 Fax 312-419-7421

OFFICIAL ACADEMIC TRANSCRIPT REQUEST FORM

Transcript will be withheld if student has any outstanding obligations or requirements with MDT.

Date of request: _____

Name (while attending MDT): _____

Social Security # (last 4 digits): _____ Date of Birth (mm/dd/year): _____

Address (while attending MDT): _____

Current Address: _____

Current Telephone: _____

E-mail address: _____

Current Employer: _____ Job Title: _____

Program (circle one): PN ADN

Status (circle one): Enrolled Completed/Graduated

Standard processing - Official transcripts are processed for a fee of \$5.00 per transcript paid by money order or credit card. I understand that it could take one (1) to three (3) weeks for my official transcripts to be processed.

Regular mail will be used.

I hereby give permission to MDT College of Health Sciences to release my transcript to the following:	I hereby give permission to MDT College of Health Sciences to release my transcript to the following:
Name of Company/School:	Name of Company/School:
Attention of:	Attention of:
Address:	Address:
Number of Transcripts Requested:	Number of Transcripts Requested:
Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing) <input type="checkbox"/> One Business Day Processing (\$10.00 per transcript)	Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing) <input type="checkbox"/> One Business Day (\$10.00 per transcript)

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I hereby give permission to MDT College of Health Sciences to release my transcript to the following:	I would like to have my transcript sent to myself (the student) at the following current address:
Name of Company/School:	Current Name:
Attention of:	Title (optional):
Address:	Current Address:
Number of Transcripts Requested:	Number of Transcripts Requested:
Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing) <input type="checkbox"/> One Business Day Processing (\$10.00 per transcript)	Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing) <input type="checkbox"/> One Business Day Processing (\$10.00 per transcript)

I authorize MDT College of Health Sciences to charge the credit card listed below for the fee checked:
Total Amount Due: _____
Exact Name as listed on Credit Card: _____
Credit card billing address: _____ Address, City, State, Zip Code
Credit Card Holder Signature: _____
Credit Card #: _____
Type of Card: _____ Expiration Date: _____
3-digit code from back of card: _____
<i>** If you are notified that the card was declined, you will have to come in to MDT to pay the fee by money order.</i>

Payment Received: Money Order or Credit Card (Office Use Only)

Student Signature: _____

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Graduate Survey

Demographic Information

1. Name: _____ Date: _____
2. Address: _____ Phone Number: _____
3. Graduation Date: _____

Employment Information

4. Did you become a CNA after starting the program? If yes, please provide the following:
Name of Employer: _____ Job Title: _____
Start Date: _____
5. Did you get an offer of employment pending your LPN license? If yes, please provide the following:
Name of Employer: _____ Job Title: _____
Start Date: _____ Salary (optional) \$ _____
Type of position: Full-time Part-time
6. Is your job related to your PN program of study? Yes No

Additional Education

7. Do you plan to continue your education? Yes No
8. If yes, what program are you most interested in? _____
9. Are you currently enrolled in a school? Yes No
10. If no, when do you plan to apply? _____

Program Success

11. If you have taken the NCLEX exam, how soon after graduation did you take it? _____
12. If you haven't taken the NCLEX exam, how soon after graduation do you plan to take it? _____
13. Did MDT adequately prepare you for your role as an LPN/RN? Yes No
14. Any suggestion for continued improvement of our program
