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

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.

All Transcripts are sent by regular mail.

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: _____

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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: _____

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: _____

** *If you are notified that the card was declined, you will have to come in to MDT to pay the fee by money order.*

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

Student Signature:_____

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Graduate Survey (completed not early than 6 month post-graduation**)**

Demographic Information

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

Employment Information

4. Are you currently employed as LPN? O Yes O No

   If yes, where do you work_____

   When did you start your job _____
   If no,
   - Do you have a position pending LPN license?
     Where?_____
   - Are you attending college? If so, where?
     _____

Program Success

5. If you have taken the NCLEX exam, how soon after graduation did you take it? _____
6. Did MDT training prepare you for taking NCLEX? O Yes O No
7. If you haven't taken the NCLEX exam, when do you plan to take it? _____
8. Do you feel that MDT's classrooms, laboratory and clinical experiences prepared you for employment? _____
9. Were you satisfied with your educational training? O Yes O No
10. Any suggestion for continued improvement of our program.

_____

_____

_____

_____