

MDT College of Health Sciences

www.atsinstitute.edu

325 Alpha Park Drive
Highland Heights, Ohio 44143
Phone: (440) 568-0600
Email: admissionspn@atsinstitute.edu

25 East Washington, Suite 200
Chicago, IL 60602
Phone: (312)300-0980 Fax: (312)277-2500

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: _____
<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 (completed not earlier 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? Yes 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. Were you satisfied with your educational training? Yes No
6. Do you feel that MDT's education and training prepared you for employment? _____
7. Were you satisfied with career planning services? Yes No
8. Any suggestion for continued improvement of our program.
