

TRANSCRIPT FORM

Public Health Program

PLEASE PRINT:

Name: _____

College you will be attending: **College of Osteopathic Medicine – Public Health Program**

Academic degrees you have received: AA AS BA BS MA MS PHD

Other _____ From: _____

Please list all colleges or universities you have attended, including foreign:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please Note: The Office of Admissions at Nova Southeastern University must receive **official and final transcripts** from all colleges or universities **immediately**.

I, _____ understand that I have 90 days from the date of registration to submit all my official and final transcripts certifying all course work that have taken. In addition, I am also aware that **student financial aid will not be disbursed until the Office of Admissions receives all official and final transcripts**. All students are responsible for all financial responsibilities.

SIGNATURE

DATE