

Request for Academic Records/Transcripts

FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL

My current name

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First (given) name

Middle name

Last (family / surname) name

Name of school I attended

I attended between the dates of / and / My birth date / /

Month Year

Month Year

Month

Day

Year

My name when I attended this school

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First (given) name

Middle name

Last (family / surname) name

My other names

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My CGFNS ID number (if known)

My order number (if known)

Applicant signature

My current mailing address

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Address

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Address

City

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State / Province

Post / Zip code

Country

Telephone number (include country code and area code)

Fax number (include country code and area code)

Email address

FOR SCHOOL TO COMPLETE

Dear Registrar:

Please complete this section of the form and send it to CGFNS along with the above applicant's academic records/transcripts listing the courses taken, hours of study and grades earned, *accompanied by a certified English translation.*

1. Applicant name _____

2. In what language was the applicant instructed? _____ Applicant's birth date / /

Month

Day

Year

3. What was the textbook language for the applicant's program/course of study? _____

4. Program type (e.g., diploma, baccalaureate) _____ Course of study _____

5. Attendance dates / to / Did applicant complete program? Yes No

Month

Year

Month

Year

6. School name _____

7. School address _____

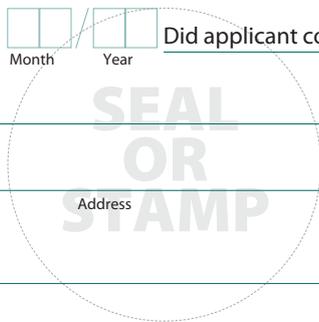
Address

City

State / Province

Post / Zip code

Country



Continued on following page

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FOR SCHOOL TO COMPLETE, page 2

8. School telephone _____ School fax _____

9. School email address _____ School web address _____

10. Is this school accredited or government approved? Yes No

By whom? _____ Date accredited or approved ____/____/____
Month Day Year

Is this educational program accredited or government approved? Yes No

By whom? _____ Date accredited or approved ____/____/____
Month Day Year

I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.

11. Registrar signature _____ Date ____/____/____
Month Day Year

Do not print, sign entire name. School seal or stamp must cover signature.

Print name _____ Title _____

In addition to attaching a copy of the academic records/transcripts, please provide specific hours of theoretical instruction and hours of clinical practice for the subject areas listed below. Please **DO NOT** combine subject areas. If they are combined in your curriculum, please estimate the hours of theoretical instruction and hours of clinical practice in each subject area. Both the completed form and educational academic records/transcripts must be sent directly to CGFNS. All documents must be in English.

		Theoretical Lab/Ward hours*	Clinical practice hours			Theoretical instruction hours*	
Subject				Subject			
NURSING	Care of the adult — Medical nursing			HUMANITIES	Art		
	Care of the adult — Surgical nursing				English		
	Maternal/Infant nursing (excluding gynecology)				Foreign language		
	Gynecology				History		
	Nursing care of children				Music		
	Psychiatric/Mental health nursing (excluding neurology)				Philosophy		
	Neurology				Religion		
	Community health/Public nursing				Speech		
	Gerontology/Geriatric nursing				TOTAL		
	Mental health concepts						
	Long-term care nursing						
	Acute care nursing						
	Physical assessment						
		Theory	Lab	SOCIAL AND BEHAVIORAL SCIENCES	Anthropology		
					Archaeology		
SCIENCE RELATED TO	Anatomy and Physiology				Economics		
	Microbiology				Human geography		
	Pharmacology				Political science		
	Nutrition				Psychology		
GENERAL SCIENCE	Chemistry				Sociology		
	Physics				TOTAL		

* Includes classroom education, laboratory and planned clinical conferences (ward teaching) hours. CGFNS must have the breakdown of theoretical instruction hours and applicable clinical practice hours for all of the subjects.

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to : CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA