TRANSCRIPT VERIFICATION FORM
Please return this form to:
Office of Enrollment Services
9500 Old Greensboro Rd. Box 190
Tuscaloosa, Alabama 35405
Phone: 205.391.2390 Fax: 205.391.3910 sheltonstate.edu

I. STUDENT INFORMATION

PRINT FULL NAME ____________________________________________________________________________
(LAST) (FIRST) (MIDDLE) (MAIDEN)
STUDENT NUMBER ___________________________ BIRTHDATE ____________________________

ADDRESS __________________________________________ PHONE ____________________________
(CITY) (STATE) (ZIP) (AREA CODE) (NUMBER)

EMAIL ADDRESS ___________________________________________________________________________

II. COLLEGE ATTENDANCE - Shelton State will not evaluate transcripts until ALL transcripts are received by the Office of Enrollment Services. This includes official transcripts from any college previously attended INCLUDING unaccredited institutions and institutions at which dual or accelerated credits were earned.

______ I have only attended Shelton State Community College.
______ I have attended other college(s) listed below, and I have requested the official transcript(s) from each college be sent to the Office of Enrollment Services.
______ I understand that all official transcripts and this form must be received in the Office of Enrollment Services by:

   ____ Oct 2, 2017 by 5:00 p.m. for ADN TWO Year Track application deadline
   ____ Nov 1, 2017 by 5:00 p.m. for ADN Health Transition (Mobility Track) application deadline.

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III. NURSING PROGRAM APPLICATION DEADLINES: Please check the applicable application period.

______ADN Two Year Track - Oct 2 at 5 pm   ____Health Transition (Mobility Track)–Nov 1 at 5 pm Note: The transcript deadline is listed above. If the transcript deadline is not met, the application packet will not be reviewed.

IV. TRANSCRIPT RELEASE INFORMATION

It is the student’s responsibility to ensure all transcripts with final grades from previously attended colleges/universities are on file in the Office of Enrollment Services prior to the published deadline. This includes final grades of the most recently completed semester. Failure to do so will prevent the application packet from being complete and accepted by Shelton State. Once all transcripts have been received and evaluated, a copy of this form will be forwarded to the Nursing Program Admissions Office.

______________________________  ____________________________
STUDENT SIGNATURE                      DATE

Office Use Only:
Date Received in Enrollment Services _______ Date Sent to NUR Dept. ___________ Initials _______
Overall GPA _______ Prerequisite GPA _______

Non-Discrimination Statement: It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.