

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

--	--	--

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

--

Address

City

--	--	--

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

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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

--	--	--

Month

Year

to

--	--	--

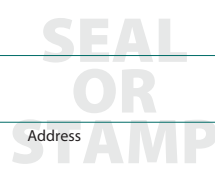
Month

Year

Did applicant complete program? Yes No

6. School name _____

7. School address _____



Address

City

State / Province

Post / Zip code

Country

Continued on following page

Request for Academic Records/Transcripts

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 a copy of the academic records/transcripts, please provide details of the clinical laboratory scientist's or clinical laboratory technician's clinical practice hours in the following areas: clinical chemistry, hematology, hemostasis, urine and body fluid analysis, specimen collection and handling, parasitology, mycology, microbiology, immunohematology, and immunology.

Scientific area	Practice hours	Scientific area	Practice hours
Clinical chemistry		Parasitology	
Hematology		Mycology	
Hemostasis		Microbiology	
Urine and body fluid analysis		Immunohematology	
Specimen collection and handling		Immunology	

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