

Applicant: Please complete and forward this form to your high school to complete the application process.



HIGH SCHOOL/COLLEGE TRANSCRIPT REQUEST FORM

TO: High School Principal/Guidance Counselor

_____ has applied for admission to Trinity Health System School of Nursing. Please send **one** official copy of his/her transcript to:

Trinity Health System School of Nursing
ATTN: Admissions Office
380 Summit Avenue
Steubenville, OH 43952

The High School Transcript should include the following:

1. All courses and grades (including ninth through twelfth grades if possible);
2. Explanation of grading system;
3. Signed, dated and school's seal affixed.

Name of Applicant (at time of graduation)

Date of Birth

Year Graduated

The School of Nursing does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, or disability in the admission of students, employment of individuals, or in activities conducted by the School in accordance with Title IX of the 1972 Education Amendments, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. The School will not tolerate conduct by any person, which constitutes sexual harassment, including sexual violence of any student/employee.