

TRANSCRIPT FORM
Master of Science in Medical Informatics Program

PLEASE PRINT:

Name: _____

College you will be attending: College of Osteopathic Medicine – Master of Science in Medical Informatics
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