

Nova Southeastern University
College of Dental Medicine
Transcript Form
(return completed form to the HPD- Office of Admissions by July 1, 2008)

Student Name (please print): _____

Program you will be attending: _____

List ALL Academic Degrees Earned:

List ALL Colleges/Universities attended:

PLEASE NOTE: The Office of Admissions at Nova Southeastern University Health Professions Division must receive OFFICIAL TRANSCRIPTS from ALL Colleges or Universities you attended IMMEDIATELY.

I, _____, understand that I have 90 days from the date of registration to submit all of my official transcripts certifying all course work that I have completed. In addition, I am also aware that Student Financial Aid will not be dispersed until the Office of Dental Admissions receives all official transcripts. All students are responsible for all financial obligations.

Student Signature

Date

PLEASE RETURN THIS FORM TO THE OFFICE OF DENTAL ADMISSIONS BY July 1, 2008

Nova Southeastern University
College of Dental Medicine
Office of Admissions
3200 S. University Dr.
Ft. Lauderdale, FL 33328