

STUDENT TRANSCRIPT

Official Transcript

School's Name School's
Complete Address

Student's Name: Kimberly Elise Student's Social Security Number: _____

Student's Address: 51 West Street HALIFAX HX75 1OH

Student's Program Title: _____

<u>Program Title</u>	<u>Enrollment Date</u>	<u>Required Hours</u>	<u>Completion Date</u>	<u>Hours Completed</u>	<u>Final Grade</u>	<u>Grade Point Average</u>

Number of Transfer Hours (if applicable) _____ in Program/Course(s) _____

Transfer Hours Accepted From (Name of School and Address) _____

SIGNATURE

Signature of School Official

Official's Title

Date

Raised Seal of School

A (Excellent) 93%-100%
B (Above Average) 85%-92%
C (Average) 75% - 84%
D (Below Average) 70% - 74%
F (Failure)

WP - Withdrew Passing
WF - Withdrew Failing
Inc. - Incomplete
1.0

Any grade falling below the school's graduation requirement of 70% (The above sample grades are aligned with recommendations from national accrediting agencies and various state agencies. It is the responsibility of each school to set their grading policy.)
Sample Student Transcript Form/2004