

Name of Organization
Unit
Address
Telephone Number

OFFICIAL TRANSCRIPT

Name and Address of Student

Date of Birth: ____ / ____ / ____

Student ID#: ____ - ____ - ____

(Include any other information appropriate to organization: i.e., department, work location)

Title of Learning Experience	Grade	Length of Instruction	Dates of Attendance	Recommended Credit in Semester Hours*

*This credit recommendation is based on an evaluation by the New York State Board of Regents [National College Credit Recommendation Service](#) (formerly National PONSI). To verify the recommended credit indicated above, and read a description of the learning experience(s), consult the National CCRS Directory of college credit recommendations, [CCRS Online](#) (<http://www.nationalccrs.org/ccr/home.html>).

Legend (Example):

A = 90% - 100%

B = 80% - 89%

C = 70% - 79%

Pass = \geq 70%

This transcript is not official without a stamp.

Signature: _____

Director of Training

(or other official)

(Affix organization's stamp or seal)

Name: _____

(typed)

Date: _____