

SAMPLE

Name of Organization
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(s) | Grade | Length of Instruction | Date(s) of Attendance | NCCRS credit recommendation (in semester hours)* |
|---------------------------------|-------|-----------------------|-----------------------|--|
| | | | | |

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

| |
|---|
| <p>Legend (Example): A = 90% - 100% B = 80% - 89% C = 70% - 79% Pass = \geq 70%</p> |
|---|

This transcript is not official without a stamp.

Signature: _____
Director of Training
(or other official)

(Affix organization's official stamp or seal)

Name: _____
(typed)

Date: _____