



CCNM

Canadian College of
Naturopathic Medicine

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

STUDENT INFORMATION

Surname: _____ First Name: _____

Street address: _____

City: _____ Province: _____ Post Code: _____ Country: _____

Student ID #: _____ Year of Graduation: _____ Email address: _____

MAILING INSTRUCTIONS

Name of Institution: _____ Attention (individual or department): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

TRANSCRIPT INFORMATION

Date of Request (DD/MM/YY): _____ # copies required: _____

_____/_____/_____

Choose:
 Unofficial Transcript (free) Prerequisite Science Transcript (free) Official Transcript (\$20)

Choose:
 Email (only unofficial) Pick up (only unofficial) Mail out

Student's Acknowledgment:

'I hereby certify that the information included in this application is current and complete to the best of my knowledge and authorize the amount indicated on this form to be taken for payment.'

PAYMENT INFORMATION AND SIGNATURE

Cash Cheque Visa Mastercard Amex

Expiry (mm/yy): _____ / _____

Credit card #: _____ CVB (3-digit # on back of card): _____

Amount authorized: \$ _____

CONDITIONS OF TRANSCRIPT RELEASE

- The transcript is an official record of all academic and clinic credits earned toward the credential and lists course title, course code, the number of credit hours and a numerical or letter grade for all courses taken. Official transcripts are available for \$20 each and will only be released to educational institutions and licensing boards whom the student has authorized to receive the transcript. **Students and potential employers may not have access to official transcripts.**
- Only grade reports (unofficial transcripts) will be issued to the student (at no charge).
- Transcripts will be issued **within five (5) business days** of receipt of Request for Transcript of Academic Record form and payment (if applicable).
- Students will be required to pay additional postage/courier fees for rush transcript requests.
- Transcripts will be issued only under the legal name by which the student is/was registered at The Canadian College of Naturopathic Medicine at the time of request. Students who wish to have a transcript issued under another name must submit copies of relevant documentation to confirm name change (i.e. marriage certificate) to the Student Services Department along with the Request for Transcript of Academic Record form.

Please return the completed form to:

CCNM Student Services Department
1255 Sheppard Avenue East, Toronto, ON M2K 1E2

Fax: 416-498-3197
Email: info@ccnm.edu

Questions? Please call 416-498-1255 ext. 245