

VIRGINIA WESTERN

SCHOOL OF HEALTH PROFESSIONS

Please complete, sign, and date the following statement and return to the Health Professions Advising and Applications Office at VWCC.

I am unable to obtain my official-final High School transcript, because I graduated High School in another country.

Please **print** the following information:

Name: _____

Student id (seven-digits): _____

Name of country I graduated High School equivalency: _____

Date of High School completion: _____

Please sign and date the form:

Signature

Date: _____

Please return the completed form to:

In person: VWCC, Fralin Building, Room 339 or

Via email attachment: healthprofessions@virginiawestern.edu

Or via mail: VWCC, Attention Pam Woody; 3091 Colonial Ave; Roanoke, VA 24015