

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 High School transcripts because I graduated from another country.

Name of country: \_\_\_\_\_ (please print)

Date of High School completion: \_\_\_\_\_

Please print name: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student ID

Please return completed form to:

VWCC Fralin, Room 339 or

VWCC

Attention: Pam Woody

3091 Colonial Avenue

Roanoke, VA 24015

Thank you