



HOLY SPIRIT UNIVERSITY OF ATLANTA

7532 Twelve Oaks Blvd, Tampa, Florida, 33634, USA
Phone no. 1-877-633-6171 – Email: uofa@uofa.edu

OFFICIAL TRANSCRIPT REQUEST FORM

Details			
School Name:			
School Address:			
City:	State:	Zip/Postal:	
Country:			
To whom it may concern:			
I am preparing to enroll into the Holy Spirit University of Atlanta. Please forward an official or certified copy of my transcript to the Holy Spirit University of Atlanta.....			
PLEASE NOTE:			
<ul style="list-style-type: none">• Transcript must be in English• For universities abroad please provide a letter on your institution's letterhead indicating the medium of instruction at your institution is in English. Holy Spirit University of Atlanta requires college-level proficiency in English when the student's native language is not English.			
If your institution requires a processing fee please contact Holy Spirit University of Atlanta via phone at +1-877-633-6171 or via email at registrar@uofa.edu .			
Student Information			
Please identify yourself based on the information you used at the time of enrollment. Institutions need this information to identify your records. If you attended multiple schools, please complete this form for each school attended.			
Student Name:			Date of Birth:
Year I started school:		Year I withdrew or completed school:	
The university's Division of Student Affairs will facilitate requesting original documents from your previously attended school or institution provided the mailing address is correct and complete to ensure proper delivery of this document to your school. Receipt of official transcripts is required within 30 days of enrollments and remains ultimately the student's responsibility.			
Signature: _____			Date:
For University Use Only			
Transcript Requested by:			
Student ID Number:			Date Requested:
Transcript Fee:			



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HOLY SPIRIT UNIVERSITY OF ATLANTA PROCTOR APPLICATION AND AGREEMENT

1. Please fill in the STUDENT INFORMATION and PROCTOR INFORMATION sections.
2. The completed form should be submitted to the University before taking a final exam for ANY course
3. Make sure you keep a copy of the completed form for your records

Student Information

Name:

Email Address:

Proctor Information

Name:

Job Title/Position:

Institution where Title/Position is Held:

Business Address

Street:

Apt/Room#:

City/Province:

State/Country:

Zip/Postal:

Email Address:

Relationship to Student:

Proctor Criteria

The chosen proctor should hold a position of integrity. Relatives of the student are not eligible proctors. Proctors considered acceptable are suggested below.

- | | | |
|--|---|--|
| <input type="checkbox"/> School Teacher | <input type="checkbox"/> School Principal | <input type="checkbox"/> Clergy Member |
| <input type="checkbox"/> Human Resource Officer | <input type="checkbox"/> Workplace Supervisor | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Other (please specify): | | |

*PLEASE NOTE: Any fees charged by the proctor will be the responsibility of the student

Proctor Guidelines

Proctor should be able to meet (at a minimum) the following guidelines:

1. The Proctor should have access to internet and email in order to access messages/files from the University.
2. The Proctor should live in close proximity to the student and be able to monitor the exam (without any interruption) in an area which is free from distraction. The exam site and time should be decided by the student and Proctor in order to ensure that there will be ample opportunity for successful completion of the exam.

The Proctor must be comfortable in a position of authority and be able to ensure that the integrity of the examination process is maintained.

Verification

I, the above named proctor, hereby verify that all information on this application is true to my knowledge. I will assume my role as a proctor in a professional manner and adhere to all Proctor Guidelines when administering an examination.

Proctor Signature: _____ Date



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