

To Whom It May Concern:

I, _____

understand that Jacksonville University requires that:

- I must provide the Office of Academic Affairs **original official transcripts in English** (no photo copies) for **all** my undergraduate and graduate courses as soon as possible but **no later than the first day of classes of the first semester I am employed.**
- I must directly contact those institutions who have granted me credits to ask for official transcripts to be sent to the University. The University is unable to make those requests for me due to privacy act restrictions.
- I must **return this document** to the University signed and dated as proof that I have received this notice as soon as possible but **no later than the first day of classes of the first semester I am employed.**
- Any costs incurred by me to obtain my transcripts are not reimbursable by Jacksonville University.
- I further understand that payroll will be stopped until the official transcripts are on file with the Office of Academic Affairs.

All transcripts are to be sent to the assistant of the college you are applying for:

College of Health Science/Attn: Julie Wright
Jacksonville University
Brooks Rehabilitation College of Healthcare Sciences, Office 216
2800 University Blvd., North
Jacksonville, FL 32211-3394

Electronic transcripts can be sent to: jwright28@ju.edu

Signed: _____

Signature

Printed Name

Date