



This form is to be used by students requesting an official transcript from APT. All fields must be completely filled.

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DETAILS

Full Legal Name _____

Other Names Used _____ Date of Birth (mm/dd/yyyy) _____

Social Security #* _____ Suspension Year _____

*Required for all Degree-Seeking students

CONTACT DETAILS

Email Address _____

Home Telephone _____ Mobile Telephone _____

Residential Address _____

City, State, Zip Code _____

ACADEMIC PROGRAM

- AS Telecommunications Technology
- AS Electric Power Systems Operations
- Professional Certificate: Telecommunications Technology
- Career Certificate – Renewable Energy
- Proficiency Certificate: Electric Power Systems

PLEASE STATE YOUR PERCEPTION OF WHY YOU HAVE NOT ACHIEVED OR MAINTAINED AN ACCEPTABLE GPA.

IDENTIFY THE STEPS YOU HAVE TAKEN OR WILL TAKE TO YOUR GPA IF YOU ARE REINSTATED.

STUDENT DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorize Applied Professional Training, henceforth referred to as "the College," to obtain information concerning my academic record from any school, university, or other institution attended by me. If I am accepted as a student at the College, I hereby agree to abide by all equal opportunity, drug, and institutional rules and regulations of the College. The College collects, stores, and uses personal information only for the purposes of administering student and prospective student admissions, enrollment, and education. The information collected is confidential and will not be disclosed to third parties without your explicit consent, except to meet government, legal, and other regulatory agency requirements.

Signature _____ Date _____

Return Application for Readmission to:

Admissions and Records
Applied Professional Training
P.O. Box 131717
Carlsbad, CA 92013

Contact Us:

Phone 800-431-8488
Fax 888-431-8588
Website www.aptc.edu

