



# Crystal Point CNA Training School

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## STUDENT GRADE TRANSCRIPTS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

DATE OF ENROLLMENT \_\_\_\_\_

DATE OF TERMINATION/WITHDRAWL \_\_\_\_\_

REASON IF TERMINATION \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

NAME OF PROGRAM: **CNA TRAINING**

ADMIT EXAM: \_\_\_\_\_

### Grades:

Credit Hrs. 6	Quiz 1	Quiz 2	Quiz 3	Quiz 4	Quiz 5	AVERAGE	FINAL
Retake							

HIV/AIDS QUIZ \_\_\_\_\_ SKILLS DEMO \_\_\_\_\_

Pass: Instructor PRINT NAME \_\_\_\_\_ Dee Stroud \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Incomplete: See attached paperwork \_\_\_\_\_

Clinical Dates: \_\_\_\_\_ Pass /Incomplete

Clinical Make Up Days: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

I agree that my typed name above is my e-signature