



TRANSCRIPT REQUEST FORM

NAME OF APPLICANT:

First *Middle* *Last*

APPLICANT'S CONTACT #: (W) _____ (C) _____

APPLICANT'S EMAIL ADD.: _____

PROGRAMME(S)/COURSE(S)/EXAMINATIONS TAKEN & DATE(S):

COMPLETE NAME & ADDRESS OF INSTITUTION (*Transcript to be sent to*)

TODAY'S DATE: _____

PLEASE INDICATE WHETHER TRANSCRIPT SHOULD BE SENT OR WILL BE COLLECTED.

☐ SEND (*a fee will be charged*)

☐ COLLECT

☐ REGULAR

SIGNATURE: _____

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FOR OFFICIAL USE ONLY

TRANSCRIPT ☐ SENT

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NOTE: Transcript services will not be available to students with outstanding fees