

ROWAN UNIVERSITY

Office of the Registrar * Attn: Records * 201 Mullica Hill Rd * Glassboro, NJ 08028-1701 * (856) 256 4356

TRANSCRIPT REQUEST

FAX#(856) 256 4424

Rowan ID Number _____

Allow five (5) working days for processing. Three (3) weeks should be allowed for transcripts processed at the conclusion of each semester.

CURRENT NAME _____

STREET _____

TO: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

Name under which you were enrolled if different _____

Print clearly the name and address of the person to receive the transcript.

The following information is required to provide information to federal and accrediting agencies. Individual responses are confidential and protected as required by the Federal Family Educational Rights and Privacy Act of 1974.

Number of copies _____

Are you currently enrolled at Rowan? YES ___ NO ___

Undergraduate ___ Graduate ___ Certification ___

Did you attend Prior to Fall 1988? YES ___ NO ___

Have you received a Degree from this institution? YES ___ NO ___

Choose the reason for this request:

- ___ Transfer to another college/university (name of institution _____)
___ Graduate/Professional School ___ Employment
___ Personal Records
___ Other (specify _____)

___ Send Immediately OR ___ Hold for posting of:

Fall grades ___ Spring grades ___

Summer grades ___ Degree conferred ___

If you plan to transfer to another college/university, please check the reason(s):

- ___ Rowan did not offer the major I want (specify _____)
___ I could not get into the major I wanted at Rowan (specify _____)
___ I don't like some of the academic policies (specify _____)
___ The classes are too difficult
___ The classes are too big
___ I don't like the attitude of some of my professors
___ I don't like the appearance of the campus
___ I am not happy with the quality of teaching
___ I cannot get the housing I want
___ I can't afford this university
___ I don't get along with my roommates
___ I don't like the area
___ I am too far from home
___ Other: _____

Transcript will not be provided until all obligations to the university have been satisfied. Fees are \$15.00ea for in-person pickup (On Demand) and \$10.00ea for mailed transcripts. Send check, money order or credit card to Rowan University. Include ID number on check.

Pursuant to the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to the individual indicated.

Signature _____

Office Use Only:

Amount Received _____ Received By _____

Date Received _____ Date Mailed _____

Please fill out the following information if paying with a credit card

ROWAN UNIVERSITY - CREDIT CARD AUTHORIZATION

STUDENT NAME (please print) _____

authorize the charging of my credit card in the amount _____

STUDENT SOCIAL SECURITY # _____

CARDHOLDER'S SIGNATURE _____

DATE _____

Credit Card Number

Grid for credit card number: 16 empty boxes

CARDHOLDER'S NAME (please print) _____

CARDHOLDER'S DAY TELEPHONE NUMBER _____

Please check one:

- ___ VISA ___ MASTER CARD ___ DISCOVER ___ AMERICAN EXPRESS

EXPIR DATE

Grid for expiration date: 4 empty boxes

CARDHOLDER'S EVENING TELEPHONE NUMBER _____