

TRANSCRIPT REQUEST FORM

Student ID: _____

Student Name: _____

Name under which you attended (if different): _____

Street Address: _____

City, State, Zip Code: _____ Email address: _____

Are you currently enrolled: Yes No If not enrolled, dates of attendance and/or graduation: From: _____ To: _____

Date degree was earned (if applicable): _____

Signature: _____

Indicate Action Desired and type of transcript to be processed:

- Send immediately Wait for current semester grades
 Hold for pick-up Hold for degree conferral

- Unofficial** transcript - No charge (only one copy on plain white paper will be provided)
 Official transcript(s) Number of copies: _____ * **All Official transcripts \$7.00 each**

PAYMENT OPTIONS: check or money order payable to **Graduate School of Biomedical Sciences** or cash

If you wish to pay the fee via credit card please request your transcript via the URL below

["https://transcripts.rutgers.edu/transcripts/index.html"](https://transcripts.rutgers.edu/transcripts/index.html)

Addresses to forward Transcript

(Additional addresses may be attached or printed on the back of this form)

Address 1.

Address 2.

Please note: Transcript requests will not be processed if you have Holds of any kind on your account. Please allow up to TEN days for processing.

Office Use Only

Date Received Fee: Paid
Date Sent