



Office of Enrollment Management  
41 Bee Street  
MSC 203  
Charleston SC 29425-2030

# Transcript Request Form

College:  Dental Medicine  Graduate Studies  Health Professions  
 Medicine  Nursing

Program: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle or Birth

Current address \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_

Date of enrollment \_\_\_\_\_

I authorize the release of a transcript of my academic record to the Medical University of South Carolina.

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

**Registrar:** This person is applying for admission to the Medical University of South Carolina. Please enclose this form along with an official transcript addressed to MUSC - Office of Enrollment Management.

Be sure to include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, include an English translation. If a copy of the student's academic record cannot be forwarded, please indicate the reasons.



Office of Enrollment Management  
41 Bee Street  
MSC 203  
Charleston SC 29425-2030

# Transcript Request Form

College:  Dental Medicine  Graduate Studies  Health Professions  
 Medicine  Nursing

Program: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle or Birth

Current address \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_

Date of enrollment \_\_\_\_\_

I authorize the release of a transcript of my academic record to the Medical University of South Carolina.

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

**Registrar:** This person is applying for admission to the Medical University of South Carolina. Please enclose this form along with an official transcript addressed to MUSC - Office of Enrollment Management.

Be sure to include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, include an English translation. If a copy of the student's academic record cannot be forwarded, please indicate the reasons.