The Duke MBA Transcript Request Form

Office of Admissions
The Fuqua School of Business, Duke University
100 Fuqua Drive, Box 90120
Durham, North Carolina 27708-0127



To Be Filled Out By The Applicant			
Please fill out the information requested below and give this form to undergraduate or graduate, please print this form for the additional returned to you in time to be included with your supplemental mate	number you require. Be sure to give		
Name of Applicant			
Current Address			
College / University			
City			
Dates of Enrollment: From To To	Degree	Degree Date MM/YYYY	
To Registrar I hereby request that my transcript be sent:			
☐ To me in a sealed envelope for submission to The Fuqua School	of Business. (preferred)		
☐ Directly to the Director of Admissions at the above address.			
Applicant's Signature	Date		
To Be Filled Out By The Registrar Please provide the information requested below and attach the appl script in a sealed envelope and sign it across the flap.	icant's transcript to the back of the fo	rm. Pleased enclose this form and the tran-	
☐ Transcript sent directly to the applicant.	Other information:		
☐ Transcript sent directly to the Director of Admissions.	Applicant's cumulative grade point average		
Check as appropriate:	(If this is not calculated on a 4.0 scale, please attach an explanation of the grading system.)		
☐ Applicant is currently enrolled.	0 0 7 /		
☐ Degree conferred		Applicant's Class Rank out of	
Major Area of Study	Please check if rank	s not available.	
Other			
	Yes No	een on academic probation or suspension?	
	If institution is located outside of the United States, please indicate the language of instruction.		
	(If the transcript is not in English, please include an English translation.)		
Signature of Registrar Contact		Phone Number	