



Wayne State University School of Medicine Request for Official Transcript

School of Medicine

Last * _____ Name * _____ Middle or Maiden _____

Address 1 * _____

City * _____ State * _____ Zip * _____

Phone * _____ Date of Birth * _____ Class Of * _____

Last WSU College Attended * _____

WSU Banner ID _____ Undergraduate? ☐ Number of Transcripts Desired * _____

IMPORTANT - Check one of the following *

☐

Send without holding

☐

Hold for this term's grades

☐

Hold until degree is posted to academic record

☐

Hold for reasons specified below

Hold for the following reason(s)

NOTE: Incomplete or incorrect information may cause a delay in the handling of your transcript request.

The Official Transcript Service is available to only those students in good standing with WSU. Past-due indebtedness will prevent the filling of your request for Official Transcript.

The American Association of Collegiate Registrars and Admissions Officers defines a Transcript as a complete unabridged educational record at the issuing institution of an officially enrolled student.

Address to which transcripts are to be sent

(Abbreviate, i.e., MSU, IBM, SEARS, etc.)

Recipient 1 * _____

Recipient 2 _____

Recipient 3 _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY