



NOVA SOUTHEASTERN UNIVERSITY
Office of Student Financial Services
and Registration
3301 College Avenue
Fort Lauderdale, Florida 33314-7796

Transcript Request

DATE OF
REQUEST

/ /

Please print clearly. You must complete all information requested.

- Charge is \$5 per official transcript. Exact payment must accompany each request.
- For multiple requests, complete a transcript request form and attach a list containing the name and mailing address for each addressee.
- Fees are subject to change without notice.
- Transcript will not be released with an existing hold(s) on record.
- Transcript will not be released until all accounts are paid in full.
- Student is responsible for correct mailing address printed below.
- Include dates of enrollment in the space provided.
- You can either mail this form to the above address or fax it to (954) 262-4862.

Miami-Dade County Schools only:

Include tuition reimbursement/FT 1 form for _____ term.

Print name and address clearly.

Present name _____

Name used at Nova Southeastern University _____

Address _____

City _____ State _____ ZIP _____

Social Security number _____

Number of transcripts requested _____

Telephone _____

Signature (required) _____

Mail transcript to:

Name _____

Address _____

City _____ State _____ ZIP _____

- Nondegree**
 - Undergraduate** Program major _____
 - Master's** Program major _____
 - Ed. Specialist** Program major _____
 - Law** Program major _____
 - Doctoral** Program major _____
 - Health Professions** Program major _____
- Dates of enrollment _____ to _____

Special instructions

- I will pick up transcript.
Transcript will be stamped: Official transcript issued to student
- Notify me at (_____) _____
when transcript is ready for pick up.
- Hold for degree conferral Degree _____ Anticipated conferral date _____
- Hold for grade change Course _____ Correct grade _____
- Mail transcript Other _____

Method of payment

- Cash Credit card Check or money order payable to NSU
- I hereby authorize a charge to be made to my credit card:
 VISA MasterCard American Express Discover

Account number _____

Expiration date _____

Amount _____

Check/money order number _____

Student signature _____ Date _____

FOR OFFICE USE ONLY

Transcript fee 2120

Amount due \$ _____ Please remit \$ _____

Amount rec. \$ _____ By _____

Cred. bal./ref. \$ _____

Date issued _____ By _____

Hold reason: _____

Card sent