

## Registrar's Office

Room 130, 6299 South Street Henry Hicks Academic Administration Bldg PO Box 15000 Halifax, NS B3H 4R2 Fax 902 494-1630

Office Use Only			
☐ Edison ☐ IBM ☐ Hardcopy			
Sent by: Date://			
Amount Paid:			
☐ Mail ☐ Courier ☐ Pick-up ☐ Fax			

Request for Ac	ademic Transcript		
-	-		
<ol> <li>Regular Service - Normal processing time for transcripts is five to seven working days from date received at the Registrar's Office.</li> </ol>	Student Information  1. Student ID B		
Payment is required prior to processing.  Fees: Maximum of 5 requested at one time are free. A \$5 charge applies for each additional transcript beyond the five	2. Student full name, address and phone number (please print)		
requested at the same time.  2. <b>Priority Service</b> - If the request is received by the Registrar's Office by 3pm, it will be mailed or available for pick-up by 3pm in two working days. A fee of \$15 for the first copy and			
\$5 for each additional copy. Payment is required prior to processing.	Postal Code  Phone number		
<ol> <li>Additional Charges - You are responsible for prepayment of any mailing charges in excess of regular first class mail: for</li> </ol>	3. If you are a former student, please indicate:		
example, courier charges, fax (fax charges: outside metro \$10, overseas \$15).	<ul><li>Last year of attendance</li><li>Program of study</li></ul>		
Method of Payment Payment may be made by cash, cheque, Visa, MasterCard, American Express or debit in person. Please do not send cash in the mail or enclose it with forms placed in the drop-off box.	Name under which you were registered     Date of Birth (optional)  4. Type of transcript		
Credit Card Information  Please provide ONLY if requesting by mail, fax or drop-off box.  ☐ Visa Credit Card #	<ul> <li>□ Official (mailed to address below)</li> <li>□ Official (in sealed envelope to student)</li> <li>□ Student Copy</li> <li>□ Description of Dalhousie Integrated Science Program</li> </ul>		
<ul><li>□ Mastercard Expiry Date</li><li>□ Amer Express Name of Cardholder</li></ul>	Skills Transcript (for courses completed between September 1998 and April 2005)		
<ol> <li>Processing Information</li> <li>Please submit a separate form for each mailing address.</li> <li>A transcript request will not be processed if any university account is outstanding, or if payment, where appropriate, does not accompany the request.</li> <li>Official transcripts will be sent directly to other universities, business organizations etc. Students will receive unofficial transcripts, unless an official transcript is specifically requested. The official transcript will be in a sealed envelope, not to be opened by the student.</li> <li>Student records are confidential and transcripts are issued only upon written request by the student.</li> <li>Please allow from 5-7 working days for processing.</li> <li>Students applying to academic programs at Dalhousie do not have to request a transcript, one will be sent when the application is processed.</li> </ol>	Type of service  Two days  5-7 regular days processing  Send Transcript  as soon as possible  after December exams  after Finals  after degree conferred  May  October  Hold for grade change in:  Specify course  5. Number of copies required  Student's Signature  (Required)  Date		
Address to which transcript is to be sent:  Note: Address must be complete within the address box provided to ensure prompt delivery	File number at destination (if applicable):  Student's current name (only if different from enclosed transcript):		
	Transcript to be sent by		

have to request application is p	t a transcript, one will be sent when the processed.	(Required)
Address to which transcript is to be sent:  Note: Address must be complete within the address box provided to ensure prompt delivery	File number at destination (if applicable):  Student's current name (only if different from enclosed transcript):	
		Transcript to be sent by:  Regular mail (please provide mailing address)  Courier - fee applies (please provide street address and phone number)  Pick - up (choose one)  Registrar's Office
	Postal code	Registrar's Office Student Service Centre, Sexton Campus Enrolment Services Centre, Truro Campus
Phone	Fax #	☐ Fax - fee applies (please provide mailing address and fax number)