

To Be Completed By The Applicant

If you have attended more than one college or university you may photocopy this form. Please complete the information requested on this form. **Fax or mail it to the college / university you have previously attended to request a transcript of your grades** . Please send the completed form along with the institution's transcript fee. *Many institutions allow for online transcript requests. We encourage you to check their website for availability.*

Name _____
Last First MI

If transcripts carry a name other than your current name, please state : _____

School _____

Date of Enrollment _____ Degree _____

Year Graduated _____

Social Security Number _____

I authorize the release of my academic transcript to Saint Joseph's University.

Signature _____ Date _____

To Be Completed By The Registrar

The person named above is applying to the Graduate Programs of Saint Joseph's University . In order to complete the applicant's file, the candidate requests that a transcript of the academic record be sent to the

Saint Joseph's University
Online Graduate Admissions Processing Center
851 Trafalgar Court
Suite 420 - West
Maitland, FL 32751

The applicant's authorization appears above . If not included on the transcript, please include the applicant's cumulative grade - point average, cumulative rank in the class and the grade - point system (for example, A=4, B=3, etc .)

Cumulative grade point average _____

Cumulative rank in class _____

Explanation of grade point system _____

Signature of School Official _____ Date _____

Institutional Seal

