

THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY
Graduate Studies

Transcript Request

To be completed by the applicant

If you have attended more than one college or university you may photocopy this form.

Name _____

MaidenName _____

School _____

Degree _____

Year Graduated _____

U.S. Social Security No. _____

I authorize the release of my academic transcript to The College of Graduate and Continuing Education, The University of Scranton.

Signature _____ Date _____

To Be Completed By The Registrar

The person named above is applying to a graduate program at The University of Scranton. Our admissions procedure requires that an official transcript be sent along with the application form. Please complete this form and place the transcript of the above named individual into the enclosed self-addressed envelope. Then seal the envelope, sign across the seal, and return to:

The University of Scranton
Online Graduate Admissions
851 Trafalgar Court
Suite 420 – West
Maitland, FL 32751

Signature of School Official _____ Date _____

Institutional Seal