



JEFFERSON COLLEGE
of HEALTH SCIENCES

Graduate Transcript Request

To the applicant: Complete the information below and send this form and a self-addressed transcript envelope to the registrar of each college and university you have attended. Request one copy of your official academic record. When you receive the completed form and academic records in the sealed envelope, include it with your application. Do not open the envelope when it is returned to you by the Registrar.

Name (Print) _____
Last First Middle Maiden Name

Mailing address:

_____ Apt #

_____ State/Zip

Social Security Number _____ - _____ - _____

Name of College or University: _____

Date of Enrollment: _____ to _____
Month/Year Month/Year

Degree, Major and Year: _____

_____ Date

Signature of Applicant

Date