

Request for
CERTIFIED COPIES of NON-MCMASTER TRANSCRIPTS
(For CURRENT McMaster Graduate Students)

NOTE: ONLY INTERNATIONAL TRANSCRIPTS WILL BE COPIED

(No Canadian or American Schools)

DATE: _____

NAME: _____

STUDENT #: _____ EMAIL: _____

DEPT: _____ DEGREE: Master or PhD (Please circle)

FORMER UNIVERSITIES FOR WHICH TRANSCRIPTS ARE REQUIRED:

NUMBER OF COPIES REQUIRED: _____

Maximum number of copies is 5. Transcripts will be withheld due to outstanding accounts. Students are responsible for ensuring their accounts are clear.

REASON FOR REQUEST:

PLEASE NOTE: Requests take a minimum of 4-5 business days to process and you will be contacted by email when they are ready.

Please indicate your choice of where transcripts are to be sent:

() Mailed to your department

() Will pick up in person

() Left SASE (self-addressed, stamped envelope)

() School to mail (\$2 charge for each envelope, use back of form to list addresses)

For Office Use:

Date Ready or Mailed: _____

Mailing Charges Assessed: Y or N

Request Processed by: _____