

MSMS TRANSCRIPT REQUEST FORM

Please fill out the information below completely. All forms must be submitted to the Registrar **at least two weeks** prior to your application deadline. Once completed, email the form along with any other forms to be submitted with your transcript to the Registrar. A copy of this form will be emailed to you once the transcript and any accompanying materials have been mailed/uploaded.

This is an interactive form. Please save a copy for yourself before emailing to the Registrar. No forms will be processed if not complete.

Student's Name: _____ **Today's Date:** _____

Application Deadline: _____ **Check ONE:** College/University: Scholarship: Summer Program:

Name of College/Scholarship/Summer Program: _____

OFFICIAL TRANSCRIPT: **UNOFFICIAL TRANSCRIPT:** **unofficial transcript will be emailed back to student*


Do you have counselor forms that need to be filled out: Yes No

If you checked "Yes", please include the forms in your email.

Do you need a counselor letter of recommendation: Yes No

CHECK HERE IF USING THE COMMON APP:

Once the above items are marked (check one):

UPLOAD 
 STUDENT WILL PICK UP *email notification will be sent when ready

Check One:

Upload to counselor *OR*
 Upload to: _____

MAIL DIRECTLY TO:

List below ALL colleges for the Common App:

Name of Person (if applicable)

Department or Office Title

Street Address or P.O. Box

City

State

Zip

Student's Electronic Signature

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

STUDENT PICKED UP: _____

FEE OWED: _____

DATE MAILED: _____

DATE UPLOADED: _____

FEE PAID: