Transcript Request Form

Applicant: This form is required regardless of whether or not coursework was transferred and transfer credit granted by another college or university. Give the registrar this form early enough to be returned to the Graduate School at Bryant University for inclusion in your application packet. **This form may be photocopied.**

Name _____ Social Security Number _____

Other Name(s) if different from one appearing on documents _____

College or University Attended _____ Dates of Enrollment _____

Degree(s) and Year(s) Awarded _____

I hereby authorize the release of a transcript of my academic record to the Graduate School at Bryant University.

Signature of Applicant _____ Date _____

Registrar: This person is applying for admission to the Graduate School at Bryant University. Please enclose this form along with an official transcript in an envelope. Seal the envelope, sign or place your seal on the back flap, and send it to the address indicated below. Please be sure to include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, please include an English translation. Thank you.

Return To:

Graduate School . Bryant University . 1150 Douglas Pike . Smithfield, RI 02917-1284

Phone: (401) 232-6230 . Fax: (401) 232-6494 . Email: gradprog@bryant.edu . Web: gradschool.bryant.edu

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