

TRANSCRIPT REQUEST FORM

We do not accept request by phone, fax, or email. Mail request and cash, check, or money order to:

**UAMS Graduate School
 4301 W. Markham Street Slot 601
 Little Rock, AR 72205**

Fee: \$5.00 If more than one transcript request is submitted on the same date, then \$1.00 for each additional transcript requested.

The Graduate School houses transcripts for M.S. (Master of Science), Ph.D. degrees and CTS Certificates only.

Please indicate your program of study:

- | | |
|---|-------------------|
| <input type="checkbox"/> Biochemistry and Molecular Biology | M.S./Ph.D. |
| <input type="checkbox"/> Clinical Nutrition | M.S. |
| <input type="checkbox"/> Communication Sciences and Disorders | Ph.D. |
| <input type="checkbox"/> Communicative Disorders | M.S. |
| <input type="checkbox"/> Dietetic Intern prior to May, 2006 | |
| <i>after May, 2006, contact College of Health Related Professions</i> | |
| <input type="checkbox"/> Genetic Counseling | M.S. |
| <input type="checkbox"/> Health Promotion and Prevention Research | Ph.D. |
| <input type="checkbox"/> Health Systems Research | Ph.D. |
| <input type="checkbox"/> Interdisciplinary Biomedical Sciences | Cert./M.S./Ph.D. |
| <input type="checkbox"/> Interdisciplinary Toxicology | M.S./Ph.D. |
| <input type="checkbox"/> Microbiology and Immunology | M.S./Ph.D. |
| <input type="checkbox"/> Neurobiology and Developmental Sciences | M.S./Ph.D. |
| <input type="checkbox"/> Nursing Science | Ph.D. only |
| <i>M.N.Sc. Contact the College of Nursing</i> | |
| <input type="checkbox"/> Occupational/Environmental Health | M.S. |
| <input type="checkbox"/> Pathology | M.S. |
| <input type="checkbox"/> Pharmaceutical Sciences (including PEP) | M.S. |
| <input type="checkbox"/> Pharmacology | M.S./Ph.D. |
| <input type="checkbox"/> Physiology and Biophysics | M.S. |
| <input type="checkbox"/> Non-Degree Seeking | |

Student Information:

Name _____
 (include middle initial)

Previous name(s) _____

Date of Birth ____/____/____

Address _____

Phone _____

Email _____

Currently enrolled _____

If not currently enrolled, last semester enrolled _____

- Issue at once
 Hold for semester grades
 Hold until degree is posted

ACCORDING TO UNIVERSITY MEMORANDUM NO. 545.1, A STUDENT'S TRANSCRIPT MAY NOT BE RELEASED IF THAT STUDENT HAS AN OUTSTANDING FINANCIAL OBLIGATION TO UAMS.

Allow one week for processing. If request is made at the end of a semester, then allow three weeks for processing

Number of transcripts requested _____

Amount enclosed _____

Cash Check MO

Signature _____

Date _____

- Hold for pick-up
 Mail to:

