TRANSCRIPT REQUEST FORM

EFFECTIVE NOVEMBER 15, 2010, NO FEE IS REQUIRED FOR TRANSCRIPTS
You may request a transcript by fax (501) 686-5661, email or through the USPS to:

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

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

Please indicate your program of study:

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

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.

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

Number of transcripts requested _____________

Date_________________________

[ ] Hold for pick-up
[ ] Mail to:

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