

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:

- | | |
|--|-------------------|
| <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
<i>M.N.Sc. Contact the College of Nursing</i> | Ph.D. only |
| <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

Signature _____

Number of transcripts requested _____

Date _____

- Hold for pick-up
 Mail to:

