Application Transcript Request Form
SUNY Downstate Medical Center
Office of Student Admissions
450 Clarkson Avenue, Box 60
Brooklyn, NY 11203
Fax: (718) 270-4775
Email Address: admissions@downstate.edu
Web Address: www.downstate.edu

To the Registrar of _________________________________________________________
College/University

This is to confirm that the State University of New York Downstate Medical Center (SUNY Downstate) uses a self-managed application process for applicants to our programs in the College of Health Related Professions, and the College of Nursing. The process requires that the applicant obtain an official transcript in a sealed envelope from all colleges and universities that s/he has attended, and submit the sealed envelope in a package with all of the other application materials. If you have any questions about this process, please feel free to contact us by fax (see above) or email (see above).

Please attach this form to the student’s transcript request and send the transcript to the student at the address indicated below in a sealed envelope, with your stamp across the seal. Your assistance in this process is appreciated. Thank you.

SUNY Downstate Admissions Office

Transcript of [Student Name] ________________________________________________

Current name and address

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature

To the Applicant:
Guidance regarding transcripts and grade reports appears on our website. Go to www.downstate.edu and select “prospective student” from the left hand side of the home page, and then the name of the College you are applying to.