

## REQUEST FOR TRANSCRIPTS FOR RESIDENCY PROGRAMS

STUDENT NAME: \_\_\_\_\_ SID: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

SPECIALITY YOU ARE APPLYING TO: \_\_\_\_\_ NUMBER OF PROGRAMS: \_\_\_\_\_  
(Total ERAS & Non-ERAS)

Please fill in all pertinent sections:

(For requests with **more than one deadline** – fill out separate request forms)

<input type="checkbox"/>	ERAS	Fee - \$5.00 flat fee for Single Transmission to ERAS Programs Transcript will be transmitted to the Dean's Office.
<input type="checkbox"/>		Please submit my transcript early processing time, approximately Sept. 6 <sup>th</sup> . **Recommended**
<input type="checkbox"/>		Please submit my transcript in the regular processing time, approximately September 15 <sup>th</sup> . **Recommended**
<input type="checkbox"/>		Please submit my transcript <b>after</b> September 15 <sup>th</sup> . Send by _____.
<input type="checkbox"/>		Please HOLD my transcript <u>until the following grade comes in</u> : _____
<b>** If an additional updated transcript is requested to be scanned for ERAS, an additional \$5.00 fee will be charged.</b>		

<input type="checkbox"/>	Non-ERAS	Fee - \$5.00 fee per transcript. Student must submit list of programs attached to this request.
<input type="checkbox"/>		Please send out my transcript by _____
<input type="checkbox"/>		I have submitted a <u>typed</u> envelope or address label for each program.
<b>NOTE:</b> The mailroom does NOT accept mail that does not have a typed written envelope.		

**Any special instructions:**

\_\_\_\_\_

\_\_\_\_\_

**ALL fees should be paid to the Bursar's Office and the receipt should be brought to the Office of the Registrar.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_