REQUEST FOR TRANSCRIPTS FOR RESIDENCY PROGRAMS  
Match 2010

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)

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<th>ERAS</th>
<th>Non-ERAS</th>
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<tbody>
<tr>
<td>☐</td>
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<td>Fee - $5.00 flat fee for all ERAS Programs</td>
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<td>Transcript will be delivered to the Dean’s Office.</td>
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<td>Please submit my transcript in the regular processing time, approximately Sept. 15th.</td>
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<td>Please submit my transcript EARLY by ___________________.</td>
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If a second updated transcript is requested to be scanned for ERAS, an additional $5.00 fee will be charged.

☐ Non-ERAS  Fee - $5.00 fee per transcript.
Student must submit list of programs attached to this request.

☐ Please send transcript out with my Medical School Performance Evaluation (MSPE) on November 1st.
No address labels are needed, as transcript will be sent in the same envelope.

☐ Please send out my transcript EARLY by ___________________.
I have submitted a typed envelope or address label for each program.

**NOTE:** The mailroom does NOT accept mail that does not have a typed written envelope.

**Any special instructions:** (e.g., Hold transcript for a particular grade, method of mailing)

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

**Please Note:** All regular match programs should have no problem receiving the transcript at the same time as the Dean’s Letter. The later you request the transcript to be sent –the more grades will be posted.

**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: ________________________