

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 all ERAS Programs Transcript will be delivered to the Dean's Office.
<input type="checkbox"/>		Please submit my transcript in the regular processing time, approximately Sept. 15 th .
<input type="checkbox"/>		Please submit my transcript EARLY by _____.

If a second updated transcript is requested to be scanned for ERAS, an additional \$5.00 fee will be charged.

<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 transcript out with my Medical School Performance Evaluation (MSPE) on November 1 st . No address labels are needed, as transcript will be sent in the same envelope.
<input type="checkbox"/>		Please send out my transcript EARLY by _____. I have submitted a <u>typed</u> 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: _____