

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
<hr/>		
<input type="checkbox"/>	Please transmit my transcript with early processing time, approximately Sept. 5 th . ** Recommended**	
<input type="checkbox"/>	Please transmit my transcript in the regular processing time, approximately Sept. 15 th	
<input type="checkbox"/>	Please transmit my transcript after Sept. 15 th . Send by _____	
<input type="checkbox"/>	Please HOLD my transcript <u>until the following grade comes in:</u> _____	

<input type="checkbox"/>	Non-ERAS	Fee - \$5.00 fee per transcript.
<input type="checkbox"/>	Please send out my transcript by _____	
<input type="checkbox"/>	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: _____ _____		

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

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

Student's Signature: _____ Date: _____