

TRANSCRIPT REQUEST FORM

TO THE APPLICANT

1. Complete the information requested below.
2. Send this form directly to the registrar of your previous school(s). This form may be duplicated if necessary.
3. Request that the registrar of each school send an official, sealed copy of your transcript(s) directly to the McColl School Graduate Admissions Office (address below).

Last Name _____ First Name _____ Middle _____

Telephone _____ Email _____ Address _____

Name when enrolled (if different) _____

School _____

Dates of Enrollment _____ Degree and Year _____
MM/YY to MM/YY

Birthdate _____ Social Security Number _____
MM/DD/YYYY

I hereby authorize the release of my official academic record for use by Queens University of Charlotte.

Signature _____ mm/dd/yyyy

TO THE SCHOOL

The above named person is applying to Queens University of Charlotte. In support of this application the applicant requests that official transcripts of his/her academic record be sent to the address below.

Cumulative Grade Point Average ____ Is this GPA computed on the typical 4.0 scale? (Y/N) ____

Queens University of Charlotte • McColl School Graduate Admissions • 1900 Selwyn Avenue • Charlotte, NC 28274
Phone: 704 337-2525 • Fax: 704 337-2594 • www.mccollschool.edu

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