



TRANSCRIPT REQUEST

University of Maryland University College

Office of Student Affairs

Unit 5060 Box 0100, APO AP 96328-0100

<http://www.asia.umuc.edu>

otranscripts@asia.umuc.edu

FOR OFFICE USE ONLY

Total number of copies to be sent _____

Payment received \$ _____

Deposit number _____

Please provide all requested information. A transcript cannot be issued if you have an outstanding debt to the University. There is a charge of \$10.00 per transcript.

Full Name of Student _____ Former Name _____
(Print or type) Last First Middle

Present Address _____
(Give complete address and APO/FPO if applicable)

E-mail _____

Date of Birth _____ Social Security No/EmplID. _____

- Are you considering transferring to another school? Yes No
- Did you know that you can continue your degree program with UMUC anywhere in the world? Yes No
- Did you know that you won't lose ANY credits already earned when you transfer to another UMUC campus? Yes No
- Would you like your Academic Advisor to contact you regarding a divisional transfer to another UMUC campus? Yes No

Information on divisional transfers may be found at www.umuc.edu/mil/relocate.shtml

Please note the date and place of your last attendance at University of Maryland University College:

IMPORTANT



IMPORTANT

UMUC Asia

UMUC Europe

UMUC Stateside

FROM: (Term/Year)

TO: (Term/Year)

_____	-	_____
_____	-	_____
_____	-	_____

Number of transcripts requested _____

Date Required _____

Send transcript to me at address noted above and/or

Send transcript to the following person (title and address):

Credit card information

Visa MasterCard Discover

Name on card _____

Card number _____

Expiration date _____

Send transcript at the end of the present term, once grades are posted.

Send transcript once degree is posted.

Degree Date: August
 December
 May

Date _____ Signature _____

(MANDATORY for release of transcript)

Date transcript released by Registrar's Office _____