

TRANSCRIPT REQUEST FORM (STUDY ABROAD PROGRAMS ONLY)

Complete and sign this form. It grants permission to obtain a sealed copy of your official transcript to be forwarded to the university where you wish to study abroad. This form must be presented to the Office of International Programs, Salve Regina University, Gatehouse, Newport, RI 02840 Telephone: 401-341-2372. The OIP Secretary will then request your transcript from the Registrar's office, making it available when it comes time to mail it in with your application.

Notice: Use of this form authorizes the University to forward transcripts of the undersigned student to officials of another school, school system or institution of postsecondary education where the student seeks or intends to enroll.

Student Name: Last _____ First _____ MI _____

Date of Birth (MM/DD/YYYY) ____ / ____ / _____ Campus Mail Box Number _____

Local Telephone Number (_____) _____ E-mail Address: _____

Check Class Standing: Freshman Sophomore Junior Senior Graduate Non-matriculate

With my signature below I hereby request the University to forward my academic transcripts to officials and schools as necessary in pursuit of my desire to study abroad.

Student Signature

Date

TRANSCRIPT POLICY FOR STUDY ABROAD PROGRAMS

- University policy prohibits release of transcripts for students whose financial obligation has not been satisfied.
- No transcript fee is required for the application process for International Programs.
- Official transcripts are not issued directly to students.