



GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

Office of the Registrar
40 East Laurel Road, Suite 2105
Stratford, NJ 08084
856-566-7055 (Phone)
856-566-6475 (Fax)

Transcript Request Form

Rowan Student ID: _____

Student Name
Name under which you attended (if different)
Street Address
City, State, Zip Code
Phone
E-mail address

Are you currently enrolled: Yes [] No []
*No charge for GSBS students currently enrolled
If not enrolled, dates of attendance and/or graduation:
From: _____ To: _____
Date degree was earned (if applicable): _____

Signature _____

Indicate Action Desired and type of transcript to be processed:

Send immediately [] Wait for current semester grades []
Hold for pick-up [] Hold for degree conferral [] Fee will apply

[] Unofficial transcript- No charge (only one copy will be provided)
[] Official transcript(s) - Number of copies _____ \$5.00 each - Payable to Rowan University*
*No charge for GSBS students currently enrolled

Addresses to forward Transcript

(Additional addresses may be attached or printed on the back of this form)

1.) _____ 2.) _____

Please note: Transcript requests will not be processed if you have Holds of any kind on your account.
Please allow TEN days for processing.

Office Use Only:

Table with 2 columns: Date Rec'd, Date Sent, Fee: \$, Pd. []