

Transcript Request Form

To the Applicant:

Please enter your name and the requested information in the shaded area below. Copy this form for use by additional schools. Send the completed form to the registrar's office of each institution previously attended.

Last/Family Name			First/Given Name			Middle Name		
College or university from which you are requesting a transcript								
Years of attendance at above named school					Degree and year of graduation (if applicable)			
Social Security Number					Maiden/Former Name			
Current Address			City		State		ZIP	
Phone (home)					Phone (work)			
Birth month/Birth day (used to match transcript and applications)								
Signature (I hereby authorize the release of my transcript to the University of St. Thomas.)							Date	

To the Registrar or appropriate school official:

The above named individual is applying to the MS Degree in Real Estate program in the Opus College of Business at the University of St. Thomas. The candidate authorizes a transcript of his or her academic record be sent directly to our university at the address below.

Please attach this form to transcript and return it to:

MS Degree in Real Estate Admissions
 TMH 153, 1000 LaSalle Ave
 Minneapolis, MN 55403

Contact MS Degree in Real Estate Admissions:

(651) 962-4289 or (800) 328-6819, Ext. 4289
 Fax: 651-962-4125
 msrealestate@stthomas.edu