UST MBA

University of St. Thomas

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.

Program applying to: ☐ Full-time UST MBA ☐ JD/MBA ☐ Evening UST MBA

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 UST MBA 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:
UST MBA Admissions, TMH 100
1000 LaSalle Ave., Minneapolis, MN 55403

Full-time UST MBA and JD/MBA
(651) 962-8800, or
(800) 328-6819, Ext. 8800
Fax: (651) 962-4129
ustmba@stthomas.edu

Evening UST MBA
(651) 962-4200 or
(800) 328-6819, Ext. 4200
Fax: (651) 962-4129
eveningmba@stthomas.edu