

Transcript Request Form

To the applicant:

Please fill out all information 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 Executive UST MBA Health Care 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:
University of St. Thomas
Opus College of Business
1000 LaSalle Ave., TMH 100
Minneapolis, MN 55403

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

Evening UST MBA
(651) 962-4200
Fax: (651) 962-4129
eveningmba@stthomas.edu

Executive UST MBA
(651) 962-4234
Fax: (651) 962-4235
execmba@stthomas.edu

Health Care UST MBA
(651) 962-4135
Fax: (651) 962-8810
medmba@stthomas.edu