Drexel University / Drexel eLearning
Transcript Request Form

Applicant:

Please complete this form and **forward to the registrar of your college or university**. Take care to submit this form early enough so that the transcript will be sent directly to Drexel in time to complete your application by the application deadline. You may photocopy this form if you attended more than one institution.

Social Security/ ID Number _____-_____-_____

Applicant's Name

_____
Last Name *First Name* *Middle Name* *(Maiden Name)*

Email address_____ Daytime Phone_____

Date of Birth_____Date of Enrollment _____to_____

Post-Secondary School, College or
University_____

Degree and Date _____
Degree *Month /Day / Year*

I hereby authorize the release of this transcript/mark sheet of my academic record to Drexel University / Drexel eLearning.

_____
Signature *Date*

Note: Many colleges and universities charge a small fee to process a transcript request. Check with your school.

Registrar:

The above named person is applying for admission to Drexel University. Please enclose this form together with an official transcript in a sealed envelope.

Mailing Address:	**Express Carrier (Fedex, UPS, Express mail) Address:**
Drexel eLearning	**Drexel eLearning**
Attn: Applicant Services RN-BSN Program	**Attn: Applicant Services RN-BSN Program**
PO Box 34911	**One Drexel Plaza**
Philadelphia, PA 19101	**Suite 18**
	3001 Market Street
	Philadelphia, PA 19104