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 _____

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:
Drexel eLearning
Attn: Applicant Services
PO Box 34729
Philadelphia, PA 19101

Express Deliveries:
Drexel eLearning
Attn: Applicant Services
3001 Market Street, Suite 18
Philadelphia, PA 19104