

International Transcript Request Form

for Students Educated Outside the U.S.

APPLICANT

Authorized Signature and Institution Stamp/Seal

After you have submitted a CUNY Admission Applia secondary institution attended. Please complete this flave attended.		-	-	
Your CUNYfirst ID Number				
Last/Family Name(as it appears on college transcript/marksheet)	First Name	appears on college transcript/mar	Date of Birth // // // // // // // // // // // // //	
(as it appears on college transcript/marksheet) Address				
Name of Institution Attended				
Student Id / Roll # at College Attended		Dates of Attendance:		
Program of Study	_ Degree/Diploma/Certifica	ate Earned(i	Year Awardedif applicable)	
I authorize the release of my records to The City Univ	ersity of New York.			
Signature of Applicant:	•			
			Date	
statement indicating the grading scale used. If the student statement explaining the reason. Any additional information Please fill out the information below, attach it to th send it to CUNY/UAPC at the addreses below:	that is relevant to the stude	nt's academic record shoul ce them in a sealed en	ld also be sent. velope with your institution's stamp/seal and	
Regular Mail			ress/DHL Shipping	
Transfer International Admission CUNY/UAPC		Overnight International Admission CUNY/UAPC		
0. Box 359023 2001 Orien			ental Blvd., Building T-1, Room 122	
Brooklyn, NY 11235-9023		Brooklyn, NY 11235		
Name of Official Completing Form	(Please Print)	Title	e	
Address				
City		nde	Country	
Telephone	Fax	Em	aall Address	
The student named above at-	Name of Your Institution		to	
Name of Degree Awarded			Date Awarded	
-	(if applicable)			