



University of South Carolina Aiken
Attention: Graduate Office
471 University Parkway, Aiken, SC 29801
(803) 648-6851, extension 3489

COLLEGE TRANSCRIPT REQUEST FORM

NAME (*print*) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

I ATTENDED _____

BETWEEN _____, (YEAR) _____ AND _____, (YEAR) _____

THE NAME ON MY RECORDS AT THAT TIME WAS _____

STUDENT SIGNATURE _____

**PLEASE SEND A COPY OF MY OFFICIAL TRANSCRIPT TO THE:
ATTENTION: GRADUATE OFFICE
UNIVERSITY OF SOUTH CAROLINA AIKEN
471 UNIVERSITY PARKWAY, AIKEN, SOUTH CAROLINA 29801
AND ANSWER THE QUESTIONS BELOW REGARDING MY STATUS AT YOUR INSTITUTION**

REGISTRAR'S QUESTIONS:

Is the above student eligible to return to your institution at the next enrollment period? Yes No

If NO, at what date would your institution consider an application from this student? (Month & Year) _____

Is this student presently enrolled? Yes No

Date _____ Signature (Academic Dean or Registrar) _____

College or University _____

Address _____

Telephone _____