



TRANSCRIPT REQUEST FORM

Caribbean Medical University

Campus: Pater Euwensweg 25, Curacao, Netherlands Antilles • Phone: (5999) 461-5668
U.S. Office: 5600 N River Road Suite 800 • Chicago, Illinois 60018 United States
Phone: (888) 877-4268 • Fax: (224) 499-7454 • Email: registrar@cmumed.org • Web: http://www.cmumed.org

Please fill out this form to request an official transcript from Caribbean Medical University to be sent to an educational institution specified in this form. Transcript requests are normally processed within five to ten business days and are subject to approval of the Dean’s Office and the Financial Department. The completed form with the student’s signature and related fees should be submitted in person, by mail or fax to the Registrar’s Office.

STUDENT INFORMATION

1 Name: _____

Last Name *First Name* *Middle Name*

2 Student ID Number _____ Current Enrollment: _____

As appears on ID card *Program - Semester*

3 Address: _____ ()

Number and street or rural route *Apt. No.* *Phone Number*

City or Town *State* *Zip Code* *Country*

REQUEST INFORMATION

4 Number of copies requested

Please Note: All copies will be mailed to the following address.
Use separate form for each institution.

5 Where would you like your transcript(s) to be mailed?

School’s Name: _____ School’s Code: _____

Name of the Institution *If available*

Address: _____ ()

Number and street or rural route *Phone Number*

City or Town *State* *Zip Code* *Country*

Please complete accurate address information for the destination to mail Official Transcript(s) to and indicate the number of copies to be mailed. It is the student’s responsibility to provide accurate address information on this form.

| FOR OFFICE USE ONLY | | |
|---------------------|------|---------|
| Date | Name | Remarks |
| | | |

❏ ADDITIONAL INFORMATION

6 When would you like your transcripts to be mailed? *(Check only one)*

Use a separate form for each request. Please be advised that transcripts may be ordered by, or released to, a third party only if written authorization is obtained from the student.

- Mail immediately;
- Mail when current term grades are available;
- Mail when degree awarded;

7 How would you like your transcript mailed? *(Check only one)*

- Send by Regular Mail at No Charge;
- Send by Courier at the following rate (U.S. \$40, Canada \$80, International \$120);

❏ INSTRUCTIONS & AUTHORIZATION

An official transcript will be sent from Caribbean Medical University listing all credits earned upon the time indicated above. Official transcripts are for educational institution purposes only and are printed on high quality stock paper, contain CMU seal, and the signature of a certified school official.

- Transcript Requests must be reviewed and approved by the Registrar's Office and Financial Department.
- CMU reserves the right to set criteria for transcript requests as outlined in the Student Handbook.
- There is a \$50 processing fee for each official transcript request.
- Transcript(s) will be sent within five to ten business days.
- Fee payment and student signature are both required at time of ordering Official Transcript(s).

8 AUTHORIZATION: I am/was a student of Caribbean Medical University and I hereby authorize the school to send my official transcript(s) to the educational institution specified in this form. I have read and understand the aforementioned instructions. I fully acknowledge that my official transcripts will only be released upon approval of this Transcript Request Form, duly filled and submitted along with a \$50 transcript request fee and mailing fee, if applicable. I certify that CMU does not have any financial obligations towards me and I understand that transcript(s) will not be issued if I have outstanding balance with the university.

Student's Signature: _____

Date: ____ / ____ / ____