

Master's Degree in Molecular Diagnostic Science Transcript Request

To the applicant: Complete the information below and send this form and a self-addressed transcript envelope to the registrar of each post-secondary school you have attended. Request one copy of your official academic record. When you receive the completed form and academic records in the sealed envelope, include it with the materials you submit with your application. **Do not open the envelope** when it is returned to you by the registrar.

Name: _____
last first middle other last names

Current Address: _____

Social Security Number: _____ - _____ - _____

Name of college or university: _____

Dates of enrollment: From _____ To _____
month/year month/year

Degree, major and year: _____

Signature of applicant

Date

To the registrar: The person named here is applying for admission to graduate study at the University of North Carolina at Chapel Hill. Please attach one copy of the student's official academic record. Insert all material into the envelope provided, seal the envelope and sign across the seal to ensure confidentiality. Return the sealed envelope to the applicant who will submit it unopened to the Division of Clinical Laboratory Science at UNC-CH. We appreciate your cooperation in our self-managed application process.

Please describe your grading system (i.e., A=4.0, B=3.0) or attach a transcript key.

Registrar's signature/official seal

Date