Addendum Transcript Request

Name: _________________________________________________________

PID: ___________________________ Date: ________________________

Phone: ( _____ ) _________________ Pager: ( _____ ) ________________

When to send an addendum transcript.  Select one.

[ ] by date _____________
[ ] when ready, as soon as possible
[ ] only when grades listed below are in

Wait for these grades.  You understand that waiting for these grades to come in may delay
sending your transcripts past any due date you indicated above.

Course 1: _____________________________________________________
Course 2: _____________________________________________________
Course 3: _____________________________________________________

[ ] I would like to check my grade(s) before the transcript is sent.

Please note that the Office of Student Affairs will transmit your transcript within three
days of the applicable date of your request.

Which application services are you using?  Check all that apply.

[ ] ERAS - all programs applied to through MyERAS will receive the early transcript
[ ] CAS - please return to 1001 Bondurant Hall to pick-up the transcript in a sealed

envelope

Return this form to:

Office of Student Affairs, UNC School of Medicine,

CB 9535  1001 Bondurant Hall
Chapel Hill, NC  27599-9535

Email to: Tiffany_Pitt@med.unc.edu or Fax to: 919-966-9930

Created 7/14/2000
Revised 09/18/12
Revised 09/26/13
Revised 02/16/15

Office Use Only:

ERAS sent on: ___________ By: _____
CAS sent on: ___________ By: _____