

Academic Records Form for Graduate Study

TO THE APPLICANT: Photocopy this form as needed in preparation to send it to the Registrar of each college and university you attended previously. Complete Section I below and forward the form to the Registrar(s). Request that one copy of your official academic records be sent to Temple University. (If applying to Psychology, have the sealed transcript returned to you for forwarding to the department.)

TO THE REGISTRAR: The individual named below is applying for admission into the Graduate School of Temple University. Please provide the information requested in Section II below and attach ONE copy of the student's official academic records to this form. Please mail the credentials directly to the applicant's prospective department at the address provided in Section I (or return to the applicant as indicated).

SECTION I (to be completed by applicant):

Name of Applicant _____
LAST/SURNAME/FAMILY NAME FIRST MI

Name Used During Attendance (if different from above) _____
LAST FIRST MI

Social Security Number _____

Temple University requests your Social Security number (SSN) because federal, state, and local law require the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11).

Current Address _____
NUMBER & STREET APT.

CITY STATE ZIP CODE COUNTRY

Name of College/University _____

School Attended Within University _____ Major at College/University _____

Dates of Enrollment _____ to _____ Degree (if applicable) _____
MONTH/YEAR MONTH/YEAR

Department of Application at Temple University _____

Address for Submission of This Form/Transcript (see p.6) _____
SCHOOL/COLLEGE/PROGRAM

BUILDING STREET CITY STATE ZIP CODE
PA 19

I authorize the release of my academic records to Temple University.

Applicant's Signature _____ Date _____

SECTION II (to be completed by Registrar):

What grading system is utilized at your college/university? (For example, A = 4, B = 3.) Please describe below or attach descriptive material that answers this query.

Registrar's Signature _____ Date _____
Official Seal