



TRANSCRIPT REQUEST

Return to:
Registrar's Office
1025 North Broadway
Milwaukee, WI 53202-3109

Fax: (414) 277-6914
Phone: (414) 277-7215

Date _____ Social Security Number _____

Name (please print) _____
(Last) (First) (Middle initial)

Present address _____

Present phone (____) _____ E-mail address _____

Program _____

Are you currently registered for classes at MSOE? _____

If not, when did you last attend? _____

Did you graduate from MSOE? _____ If so, when did you graduate? _____

Please check one:

- I will pick up my transcript
- Send transcript to my present address listed above
- Send transcript to the following address:

Describe use of transcript _____

Please check one:

- Process as soon as possible
- Hold for current quarter's grades
(These will be processed approximately one month after the end of the quarter)
- Hold for graduation date
(This will be entered approximately two months after graduation)

Your official transcript will not be released if you have an outstanding balance in our Student Accounts Office. If you have questions about your financial account, please contact the Student Accounts Office at (414) 277-7130.

Student signature (required) _____