SCI-ARC Transcripts Request Form

To request SCI-Arc transcripts, students/alumni must complete this form and return it to the Registrar or Academic Counselor with the **§7 fee**.

Students must include the following information with their request:

- 1. Student ID number, if available
- 2. Check/money order/credit card information
- 3. Student/alumni full name while at SCI-Arc
- 4. Current mailing address and email
- Complete name and address of the institution/individual where transcripts are to be sent
- 6. Student/alumni signature

| Student ID# (if app] | licable) | | | | | | | |
|---|-----------------|---------------|-----------|---------------------|--------------------|----------|--|--|
| 1. Enrollment Information | | | | | | | | |
| Did you receive a SC | CI-Arc diploma? | O B.Arch | OM.Arch | Year of Graduation: | Ionth / Day / Year | | | |
| Did you attend Makir | ng + Meaning? | O Yes | ONo | Year of Attendance: | lonth / Day / Year | | | |
| Please send my transcripts O Now (If you are currently enrolled, work in progress will be omitted and final transcripts must be ordered separately) O After (When grades for the current term have been posted) | | | | | | | | |
| I needtra | nscript(s) | | | | | | | |
| 2. Form of Payment | | | | | | | | |
| | | | | <u>.</u> | | | | |
| OVisa OMa | asterCard | O American Ex | xpress | Card# | | Exp Date | | |
| O Check O M | oney Order | | | | | | | |
| 3. Personal Information | | | | | | | | |
| Student Name | | Telephone | 9 | | Email | | | |
| Number and Street, A | Apt/Unit | City | | State/Province | Zip Code | Country | | |
| Mailtranscripts to: O Same as above | | | | | | | | |
| Institution Name | | Telephone | Telephone | | Email | | | |
| Number and Street, A | Apt/Unit | City | | State/Province | . Zip Code | Country | | |

| | Month / Day / Year |
|---------------------|--------------------|
| Applicant Signature | Date |