

TRANSCRIPT REQUEST FORM

Master of Engineering Program
University of Illinois at Chicago

Applicant:

Please mail this completed form to your college or university registrar. If you have attended more than one college or university, this form may be photocopied.

Name: _____
Last First Middle Social Security #

Please list any previous names: _____

I hereby authorize the office of the Registrar at: _____
Name of School

Which I attended from _____ to _____ and received the following degree(s):
month/year month/year

to release a transcript of my academic record to the MEng Program at the University of Illinois at Chicago.

Signature

Date

Registrar:

This individual is applying for admission to the MEng Program at the University of Illinois at Chicago. Please enclose this form along with an official transcript and return it to us at the address below. Please include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, include an English translation.

PLEASE SEND TRANSCRIPTS DIRECTLY TO:

MEng Program
UIC College of Engineering
851 South Morgan Street,
SEO 813
Chicago, Illinois 60607-7050, USA