The student is to mail a copy of this request, together with appropriate fees, for transcripts directly to each college or university at which previous work was completed and to the college or university in which the student is currently enrolled.

REQUEST FOR TRANSCRIPT

Date_____

TO: REGISTRAR'S OFFICE

_____
College or University

_____
Street Address

_____
City State Zip Code

I am applying for admission to The Graduate School at Fort Hays State University. Please send an official transcript of my work to:

The Graduate School
Fort Hays State University
600 Park Street
Hays, KS 67601-4099

STUDENT NAME & IDENTIFICATION:

_____
Last Name First Middle (Other Last Names Used)

_____ _____
Social Security No. Dates of Attendance

_____ _____
Current Street Address Birth Date

_____
City State Zip Code

_____
Signature

The Graduate School

Fort Hays State University

600 Park Street
Hays, KS 67601-4099
(785) 628-4236