

## CANADIAN MENNONITE UNIVERSITY

## Request for Transcript of Academic Record

Section 1. 1 ersonal informat	1011				
Full name:					
First	Middle	Last			
Birthdate		Previous Name (If applicable)			
Current Address		College or University Attended:			
		_ CMU			
		_ СМВС	$\square$ MBBC	☐ Concord College	
		_ Last Registra	tion Year	_	
Telephone		_ Signature			
E-mail		(The form must be signed for transcripts to be processed)			
Section 2: Other Information	1				
1. All CMU accounts in the name of the applicant must be in good standing before transcripts will be issued.		☐ A) Please	$\square$ A) Please Mail to (Please provide full mailing address):		
2. Please allow five working days for processing transcripts.					
3. Semester results are added to s in May and January.	students' records only				
Number of transcripts requested:		☐ Courier to the above address:  The Destination telephone number and contact name are required if the transcript is to be sent by courier. Courier			
Instructions for Preparation:  ☐ Process Immediately.					
☐ Wait for final grades in current s	semester.	costs will	be charged to a cred	dit card number.	
☐ Wait until degree is recorded in (May/November).		Destination Telephone No Contact Name:			
☐ Other Instructions		☐ B) I will PICK UP on			
		I under me wit	I understand that no one may pick up my transcript for me without a letter of consent signed by me, plus personal identification		
		☐ C) Please put in my CMU Mailbox No			
Section 3: Financial Informa	tion				
Transcript fee of \$15.00 for the fir		n additional trans	cript requested at	the same time.	
Transcripts will not be prepared u			1		
☐ I have enclosed a cheque or mone	ey order made payable to Ca		-		
☐ Please charge my credit card in the	ne amount of \$(]	plus courier charge	s if applicable) $\square$	Visa ☐ MasterCard	
Name on Card:	Card No			Expiry Date	
			Dlagge gand gampl	eted form with payment to:	
			i icase senu compi	REGISTRARS OFFICE	
Office Use Only: Date Request received:			Canadian Mennonite University 500 Shaftesbury Blvd		
Payment received:				Winnipeg, MB R3P 2N2	
Transcript(s) Completed:				Fax: 204-837-7415	