

**Tufts University School of Medicine
Public Health and Professional Degree Programs**

Transcript Request

Please use this form to request an official transcript from the Student Services Office for the degrees administered by the Public Health and Professional Degree Programs. **Attention Medical Students (including MD/MPH and MD/MBA) and Alumni:** please contact the Medical Registrar's Office at 617.636.6568 about how to request a copy of your transcript(s).

If you attended multiple schools or programs with Tufts University you should request a transcript from the last school or program attended. This transcript will contain your academic record for all schools/programs attended within Tufts.

Please mail your request to:
Public Health & Professional Degree Programs
Registrar's Office
136 Harrison Avenue, Suite 142
Boston, MA 02111

Your request will be processed within ten business days from receipt of form.

Last Name First Name M.I. Student ID # (if known)

Former Name, if any, during enrollment: _____

Dates of Attendance: _____ Degree Awarded: _____

If you attended another school/program within Tufts (other than PHPD) and would like a copy of that transcript printed with your transcript from PHPD, please indicate the school(s) attended.

(Arts & Sciences, Vet, etc): _____

Home Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Phone: _____ Email: _____

Number of copies requested: _____

Please send transcripts to: Home address above Address listed below Multiple addresses on attached list

If current student, please select one: Prepare now Hold for current semester grades Hold for degree conferral

Name/School: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Signature: _____ Date: _____