

**INTERNATIONAL TRANSCRIPT REQUEST FORM FOR STUDENTS EDUCATED OUTSIDE THE U.S**

**APPLICANT**

**After you have submitted the Graduate Application, you are required to submit a complete official transcript/mark sheet from each post-secondary institution attended.** Please complete this form and submit it to the office responsible for issuing official academic records at the colleges/universities you attended outside the U.S. For applicants educated in Bangladesh, India or Pakistan, this request form should be sent to the Controller of Examinations.

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth   /   /    
(as it appears on college transcript/marksheet) (as it appears on college transcript/marksheet) MM DD YY

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Institution Attended \_\_\_\_\_

Student ID / Roll # at College Attended \_\_\_\_\_ Dates of Attendance   /   to   /    
MM YEAR MM YEAR

Program of Study \_\_\_\_\_ Degree/Diploma/Certificate Earned \_\_\_\_\_ Year Awarded \_\_\_\_\_  
(if applicable)

**I authorize the release of my records to the College of Staten Island of the City University of New York.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING INSTITUTION**

The above named student is applying for admission to the College of Staten Island of the City University of New York. We require that a copy of their complete academic record be sent directly to the College of Staten Island Graduate Studies. The record should indicate the name of each subject taken, the marks received and how each course has been weighted. Please include a statement indicating the grading scale used. If the student is not granted any marks/credits or does not have a record on file at your institution, please send us a statement explaining the reason. Any additional information that is relevant to the student's academic record should also be sent.

**College of Staten Island/CUNY**  
**Office of Recruitment and Admissions**  
**Graduate Studies**  
**2800 Victory Boulevard, 2A-103**  
**Staten Island, NY 10314 USA**

Name of Official Completing Form: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

The student named above attended \_\_\_\_\_ from   /   to   /    
MM YEAR MM YEAR

Name of Degree Awarded \_\_\_\_\_ Date Awarded \_\_\_\_\_  
(if applicable)

Authorized Signature and Institution Stamp/Seal \_\_\_\_\_ Date \_\_\_\_\_