



Office of the Registrar
 College of Medicine
 University of South Florida
 Phone: (813) 974-0828

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 Fax: (813) 974-4619

MD/DPT TRANSCRIPT AND DIPLOMA REQUEST

*This form is for **MD (Doctor of Medicine)** and **DPT (Doctor of Physical Therapy)** students **ONLY**. All other requests should be directed to the Main Campus Registrar's Office at (813) 974-2000.*

For a transcript to be issued, you **MUST HAVE SATISFIED ALL FINANCIAL OBLIGATIONS** to the university. Transcripts will normally be ready within 2 working days. If you are sending to multiple addresses, use the reverse or attach a separate sheet.

Student ID Number

/ /

Last Name

Date of Birth

First Name

M.I.

Year of Graduation

Did not graduate

Current Address

City

State

Zip Code

() -

Daytime Contact Phone Number

| | | | | | |
|--------------|-------------------------------|--------------------|---------------------------|-------------------------------|----------------------------------|
| Send: | # of <input type="checkbox"/> | Transcripts | Do not send until: | # of <input type="checkbox"/> | Current grades are posted |
| | # of <input type="checkbox"/> | Diplomas | | # of <input type="checkbox"/> | Degree is posted |

Signature

Date

Send to:

City

State

Zip Code

Return completed form to MDC 1007, mail to the above address, or fax to (813)974-4619.