SMU IN LEGACY

SOUTHERN METHODIST UNIVERSITY
Dispute Resolution Graduate Certificate Program

Request for Transcript

For your convenience, please forward this transcript request to the registrar of your university or college of record.

Name of college/university: _____

Address: _____
Street and number | Suite | City | State | ZIP - 9 digit

Registrar: I have made application for admission to the Dispute Resolution Program at Southern Methodist University and herewith request that you send an official transcript of my academic record at your institution to:

SOUTHERN METHODIST UNIVERSITY
DISPUTE RESOLUTION PROGRAM
5228 TENNYSON PARKWAY, SUITE 118
PLANO TX 75024-3547

Registrar: if there is a charge for transcript service, please contact the undersigned.

Name: _____
Last | First | Middle | Maiden

Home address: _____
Street and number | Apt. | City | State | ZIP - 9 digit

Telephone: _____
Day | Evening

E-mail: _____

Additional personal information to assist in locating my record:

Name under which registered: _____

Social Security number: _____

Date of birth: _____
Month | Day | Year

Dates in attendance: _____ — _____
Month | Year | Month | Year

_____
Signature | Date