

***Surgical Technology Program
Department of Health Sciences, Colorado Mesa University***

Transcript Request Form

To have transcripts forwarded to the Department of Health Sciences, email this form via **.pdf** format directly to healthscience@coloradomesa.edu at least TWO weeks PRIOR to the application deadline to insure receipt of all transcripts by the deadline.

Required: Full Legal Name (please print clearly)

Required: CMU Student ID#

Signature via Email

Required: Signature (typing your name above and submitting this document via the Colorado Mesa University email is your signature, otherwise, print, sign, scan as .pdf and email attachment)

Registrar:

Please send copies of the following to the CMU Department of Health Sciences office:

- (1) all transcripts from other colleges, if applicable;
- (2) transcript evaluation prepared by the Office of the Registrar, if applicable;
- (3) current CMU transcript, if applicable. Please complete the area below.

FOR REGISTRAR'S USE ONLY:

Has applicant been accepted at CMU?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which program (student status)?	Baccalaureate <input type="checkbox"/>	Associate <input type="checkbox"/>
Other colleges attended transcripts:	Attached <input type="checkbox"/>	Xtender <input type="checkbox"/>
Transcript evaluation:	Attached <input type="checkbox"/>	Xtender <input type="checkbox"/>
Current Colorado Mesa University transcript:	Attached <input type="checkbox"/>	Xtender <input type="checkbox"/>