

**Medical Laboratory Technology Program
Department of Health Sciences, Colorado Mesa University**

Transcript Request Form

This form gives the Department of Health Sciences permission to request transcripts forwarded to the Department of Health Sciences for your application. Please email this form in **.pdf** format to: healthscience@coloradomesa.edu with a subject line of: "Medical Laboratory Technology Application". In order to give the Registrar's Office enough time to properly process this request and forward items to the Department of Health Sciences by the deadline, you are encouraged to submit this form at least **TWO** weeks **PRIOR** to the application deadline.

Required: Full Legal Name

Required: CMU Student ID#

Required: Signature (typing your name above and submitting it via your **CMU email** is your signature)

Please list all college(s) you have attended (including Colorado Mesa University) include years of attendance:

Example: Harvard University Spring 1999-Fall 2005
College/University Name Dates of Attendance

College/University Name Dates of Attendance

College/University Name Dates of Attendance

College/University Name Dates of Attendance

College/University Name Dates of Attendance

College/University Name Dates of Attendance

College/University Name Dates of Attendance

College/University Name Dates of Attendance

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	No
What is the student's status level?	Baccalaureate	Associate
Transcripts from other colleges attended:	Attached	Xtender
List colleges: _____	_____	_____
_____	_____	_____
Transcript evaluation complete?	Yes	No
	Attached	Xtender
Current CMU transcript:	Attached	Xtender