



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

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 Tampa, FL 33612
 Email: mcook@health.usf.edu
 Fax: (813) 974-4619

MD/DPT TRANSCRIPT AND DIPLOMA REQUEST

*This form is for MD (Doctor of Medicine), MPAS (Physician Assistant) 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

Pick up only-Check this box

Return completed form to MDA 1032, mail to the above address, or fax to (813)974-4619.