



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

12901 Bruce B. Downs Blvd MDC 32  
 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**

**Email Address**

**Send:**    # of  **Transcripts**  
           # of  **Diplomas**

**Do not send until:**  **Current grades are posted**  
 **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.**