



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](mailto:mcook@health.usf.edu)  
 Fax: (813) 974-4619

## MD/DPT TRANSCRIPT AND DIPLOMA REQUEST

*This form is for **MD (Doctor of Medicine)** 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**

<b>Send:</b>	# of <input type="checkbox"/>	<b>Transcripts</b>	<b>Do not send until:</b>	# of <input type="checkbox"/>	<b>Current grades are posted</b>
	# of <input type="checkbox"/>	<b>Diplomas</b>		# of <input type="checkbox"/>	<b>Degree is posted</b>

**Signature**

**Date**

Send to:

City

State

Zip Code

**Return completed form to MDC 1007, mail to the above address, or fax to (813)974-4619.**

If you would like confirmation that this request was processed, please indicate your e-mail address below: