



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

560 Channelside Drive MDD 32
 Tampa, FL 33602
 Email: ComRegistrar@usf.edu

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: ComRegistrar@usf.edu