



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/MPAS 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 5-7 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