



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

1560 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)** 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	Transcripts	Do not send until:	<input type="checkbox"/> Current grades are posted
	# of	Diplomas		<input type="checkbox"/> Degree is posted

***Signature**

Date

Send to:

All institutions that have been applied to on VSAS.

City

State

Zip Code

Pick up only-Check this box

Return completed form to ComRegistrar@usf.edu