Transcript Requests

To Applicant: Please complete and send transcript and this request sheet to your proposed academic department to which you are applying	osed major departm g.	ent or you may requ	nest official copies and	
To Registrar:				
Please send this sheet and one copy of the again Thank you.	pplicant's official	transcript to the ad	dress below or return	it to the student.
UCLA Department/School of				
Box (APPLICANT: P.				
Los Angeles, CA 90095-			nformation)	
Term for which application is filed at UCLA	Tern		ear	
Proposed Major at UCLA:				
Name				
Last,	First		Middle	_
Signature			Date	
To Registrar:				
Thank you. UCLA Department/School of Box (APPLICANT: P. Los Angeles, CA 90095 Term for which application is filed at UCLA	lease fill in name and a	ddress of program to whi	ich you are applying)	
			ear	
Proposed Major at UCLA:				
Name	First		Middle	_
Signature			Date	
Please send this sheet and one copy of the ap Thank you.	pplicant's official	transcript to the ad	dress below or return	it to the student.
UCLA Department/School of				
Box (APPLICANT: PI				
Los Angeles, CA 90095-	(Zip + 4 must be con	npleted - click address in	nformation)	
Term for which application is filed at UCLA	Term	Ye	ear	
Proposed Major at UCLA:				
Name				
Last,	First		Middle	
Signature			Date	