



REQUEST FOR A TRANSCRIPT

(To be returned to office 310)

To be filled out and returned to the registrar's office (310) or by email to registrar@dominicanu.ca

Name: _____ Date: _____

Student ID: _____

Email: _____

Program: _____

Last year registered: _____

Number of copies

1 copy \$15 X 1 = 15 \$

Supp. Copies \$5 X ____ = ____ \$

Total: ____ \$

Method of Delivery: _____

Send to:

N.B. We will send the transcript as soon as we receive your payment.