

# Transcript Requests

**To Applicant:** Please complete and send to your college or university registrar(s). Have the registrar send **two copies** of your transcript and this request sheet to your proposed major department or you may request official copies and send them yourself to the academic department to which you are applying.

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**To Registrar:**

Please send this sheet and **two copies** of the applicant's official transcript to the address below or return it to the student. Thank you.

UCLA  
Department/School of \_\_\_\_\_  
Box \_\_\_\_\_ (APPLICANT: Please fill in name and address of program to which you are applying)  
Los Angeles, CA 90095- \_\_\_\_\_ (Zip + 4 **must** be completed - click address information)

Term for which application is filed at UCLA \_\_\_\_\_  
Term Year

Proposed Major at UCLA: \_\_\_\_\_

Name \_\_\_\_\_  
Last, First Middle

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Box \_\_\_\_\_ (APPLICANT: Please fill in name and address of program to which you are applying)  
Los Angeles, CA 90095- \_\_\_\_\_ (Zip + 4 **must** be completed - click address information)

Term for which application is filed at UCLA \_\_\_\_\_  
Term Year

Proposed Major at UCLA: \_\_\_\_\_

Name \_\_\_\_\_  
Last, First Middle

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Los Angeles, CA 90095- \_\_\_\_\_ (Zip + 4 **must** be completed - click address information)

Term for which application is filed at UCLA \_\_\_\_\_  
Term Year

Proposed Major at UCLA: \_\_\_\_\_

Name \_\_\_\_\_  
Last, First Middle

Signature \_\_\_\_\_ Date \_\_\_\_\_