



YO SAN UNIVERSITY OF TRADITIONAL CHINESE MEDICINE
13315 WEST WASHINGTON BLVD. ■ LOS ANGELES ■ CALIFORNIA ■ 90066
TEL 310.577.3000 ■ FAX 310.577.3033 ■ WWW.YOSAN.EDU

TRANSCRIPT REQUEST FORM

NAME _____ DATE _____

REQUEST RECEIVED BY _____ DATE RECEIVED _____

- MAIL
- PHONE
- WALK IN/IN PERSON
- FAXED IN
- OTHER

DATE RECEIVED _____
DATE RECEIVED _____
DATE RECEIVED _____
DATE RECEIVED _____
DATE RECEIVED _____

TRANSCRIPT REQUESTED TO BE SENT TO:

HOME ADDRESS _____

INSTITUTION _____

- OFFICIAL (\$10)
 - CASH
 - CHECK # _____

UNOFFICIAL (NO FEE)
3 PER YEAR ALLOWED

ALL TRANSCRIPT FEES MUST BE PAID IN ADVANCE

STUDENT SIGNATURE _____ DATE _____

.....

OFFICE USE ONLY

REGISTRAR _____ DATE SENT _____