

Transcript Request  
for  
The Graduate School  
The University of Tennessee at Chattanooga

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To the Registrar of:

University:

Street:

City:

State:

Zip:

In order to comply with application procedures at The University of Tennessee at Chattanooga, I am requesting that you send one official copy of my transcript to:

The University of Tennessee at Chattanooga  
The Graduate School (Dept #5305)  
615 McCallie Avenue  
Chattanooga, TN 37403

Name at time of enrollment:

Date Degree Conferred:

Date of Birth:

If you need additional information, please contact me at:

Name:

e-mail address:

Street Address:

City:

State:

Zip:

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Signature of Student

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Date

The Graduate School (Dept #5305) \* (423)425-4666 \* 103 Race Hall \* 615 McCallie Avenue \* Chattanooga, TN 37403