CLARK UNIVERSITY
1887

English Department Graduate Studies
950 Main Street
Worcester, MA 01610-1477
508-793-7630
engma@clarku.edu
www.clarku.edu/english

Transcript Request

ENGLISH

To be filled out by the applicant
Please type or print

Note to applicant: If you have attended more than one college or university, undergraduate or graduate, please photocopy this form to obtain the additional number you require. If there are institutions listed on your application from which documents are not available, please so indicate and explain the reasons to the Admissions Committee.

Applicant name: _____
LAST FIRST MIDDLE

Mailing Address: _____

Dates of enrollment: From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Degree conferred (if applicable): _____
MONTH/YEAR

U.S. Social Security Number: _____ - _____ - _____

To: Registrar

Name of College or University _____

I hereby request that my transcript be sent to:

Clark University
English Department Graduate Studies
950 Main Street
Worcester, MA 01610-1477

_____
SIGNATURE OF APPLICANT

To be filled out by the Registrar

NOTE TO THE REGISTRAR: Please provide the information requested below and attach the applicant's transcript to the back of this form.

Check as appropriate

- ❑ Applicant is currently enrolled
- ❑ Degree conferred
- ❑ Other

Applicant's cumulative grade point average _____. If this average is not calculated on a 4.0 scale, please attach an explanation of the grading system.

Applicant's class rank _____. ❑ Please check if rank is not available.