

OFFICE OF THE REGISTRAR TRANSCRIPT REQUEST UNIVERSITY OF ST. MARY OF THE LAKE/MUNDELEIN SEMINARY MUNDELEIN, ILLINOIS 60060

NAME:					
LAST		FIRST			MIDDLE
CURRENT ADDRES	SS:				
CIT		ST	ATE		ZIP
PHONE:				EMAIL	
DATE OF BIRTH _		Years Atte	ended USML	-	
Degree: M. Div	STL/STD	MA	MAL	MAPS	D. Min
OTHER(SPECIFY)					
SEND TRANSCRIP	T(S) TO: NUMBI	ER OF COPIES	S		
1)					
2)					
1) FINANCIAL OBLIGAT	TIONS TO THE SEMINA	ARY MUST BE SAT	TISFIFD.		
2) BECAUSE OF THE C	ONFIDENTIAL NATUR	E OF A STUDENT	'S RECORDS, RI		MADE IN WRITING – FAX ACCEPTED- NO PHONE
REQUESTS ARE AC			OO/WINED CICIT	LD GOT ILO TINE	ACCEL TED-NOT HORE
3) THERE IS A FEE OF		ANSCRIPT PAID B	Y:		
•	ORM WITH THE FEE	47 070 4007 FOD	DAVMENT DV D	NUONE EOD EAVE	D OD EMAILED DEOLIES
4) TRANSCRIPTS MAY					ED OR EMAILED REQUES
a) MAIL THIS F		, . , . ,	0. /. 0.0		
	ersity of St. Mary of the				
	strar Attn: Sr. Caroline (Onuoha			
) E. Maple Ave. delein, IL 60060				
b) FAX THIS FF		32-3305			
c) EMAIL THIS		micaffairs@usml.e	du		
I GIVE MY PERMISSIO	ON FOR MY TRANSO	RIPT TO BE SE	NT TO THE AB	OVE NAMED PI	ERSON OR PLACE.
DATE		SIGNATURE			