

Application Transcript Request Form

SUNY Downstate Medical Center

Office of Student Admissions

450 Clarkson Avenue, Box 60

Brooklyn, NY 11203

Fax : (718) 270-4775

Email Address: admissions@downstate.edu

Web Address: www.downstate.edu

To the Registrar of _____
College/University

This is to confirm that the State University of New York Downstate Medical Center (SUNY Downstate) uses a self-managed application process for applicants to our programs in the College of Health Related Professions, and the College of Nursing. The process requires that the applicant obtain an official transcript in a sealed envelope from all colleges and universities that s/he has attended, and submit the sealed envelope in a package with all of the other application materials. If you have any questions about this process, please feel free to contact us by fax (see above) or email (see above).

Please attach this form to the student's transcript request and send the transcript to the student at the address indicated below in a sealed envelope, with your stamp across the seal. Your assistance in this process is appreciated. Thank you.

SUNY Downstate Admissions Office

Transcript of [Student Name] _____

Current name and address

Student Signature

To the Applicant:

Guidance regarding transcripts and grade reports appears on our website. Go to www.downstate.edu and select "prospective student" from the left hand side of the home page, and then the name of the College you are applying to.