



State University of New York Health Science Center at Brooklyn
School of Graduate Studies
Basic Sciences Building Room 3-114A, Box 41

Request Form

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- Official Transcript (\$5 transcript fee, if a check, payable to "SUNY")
- Student copy of transcript
- Enrollment verification
- Letter of good standing
- Graduation Certification

Return this form, and any required payment, to the Graduate School Office. Do not hand into the Bursar, the Registrar's Office or Student Affairs.

Check here if currently enrolled.

Name: _____

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Graduation Date or last date of attendance: Month _____ Year _____

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