



**Study Abroad Office
Center for International Studies**

261 MSC, One University Blvd.
St. Louis, Missouri 63121
Telephone (314)-516-5229
FAX (314)-516-5636

Transcript Fee: \$5

**To: Office of Records
351 MSC**

Request for transcript for Study Abroad Program

I, _____, student number _____,
give my permission for the Office of Records to send my official transcript to the **Study
Abroad Office, 261 MSC**. I understand that this transcript may be sent on my behalf to
the corresponding exchange partner or study abroad program for the benefit of my
acceptance and registration in an approved study abroad program.

Signature of Student: _____

Date: _____

Please send transcript to: Study Abroad Office, 261 MSC