



Transcript Request Form

Registrar's Office H-214

2039 Kennedy Blvd, Jersey City, NJ 07305-1597

REGULAR SERVICE :

IF YOU HAVE AN OUTSTANDING BALANCE, TRANSCRIPT REQUEST WILL NOT BE PROCESSED. (if unsure, check with Bursar's office at 201/200-3045 or Bursar@njcu.edu)

Complete form and FAX OR MAIL to Registrar's Office

Fax # 201/200-2062 or

Mail: NJCU – Registrar H-214

2039 Kennedy Blvd

Jersey City, NJ 07305-1597

1. STUDENT INFORMATION *(please print clearly)*

Last name First Middle Int

No & Street c/o or Apt No.

City State *Zip Code

Former Name

Soc. Sec.No./Gothicnet ID# () Area Phone No.

*IF ZIP CODE IS OMITTED OR INCORRECT, DELIVERY WILL BE DELAYED

2. SEND TRANSCRIPT TO: *(please print clearly for mailing)*

Your Address / Company / Institution or Person

Attn:

Address

City State *Zip Code

Revised – 5/2006

3. TRANSCRIPTS REQUESTED

a. Regular Service:
No Fee, Provided within 4 working days

b. Number and Type of Official Transcript(s)
____ # Student Copies ____ # 3rd Party Copies

4. DATA OF STUDENT WHO HAS ATTENDED NEW JERSEY CITY UNIVERSITY:

a) ____ Yes ____ No Did you complete any courses prior to Fall 1987?

b) By each division indicate years attended and the graduation date(s) at

At NJCU. The approximate years of attendance are acceptable

First Year Last Year

NJCU Undergraduate Division

NJCU Graduate Division

NJCU Occupational Educ. Division

Month Year

____ Bachelor's Degree awarded ____/____

____ Master's Degree awarded ____/____

5. STUDENTS SIGNATURE REQUIRED:

I have read the direction and have completed all information in both columns.

Signature & Date

STAFF USE ONLY:

____ Outstanding balance with NJCU
Contact Bursar Office H106

Rec'd by & Date

REGISTRAR'S OFFICE USE ONLY:

No. of Copies sent:

____ Issued to Student

____ Interdepartmental

____ Mailed as requested

____ Total copies

Sent by & Date