

Office of International Programs


5500 N. St. Louis Avenue
Chicago, IL 60625-4699
773.442.4796

international-programs@neiu.edu

EXCHANGE STUDENT TRANSCRIPT REQUEST FORM

Exchange students must request transcripts by the end of the semester. Filling out this form will allow you to request your transcripts so that the Office of International Programs can send your Official Transcripts to your home institution.

- Fill out the NEIU ID, STUDENT INFORMATION,
- On the SEND TRANSCRIPT TO: Indicate your home institution name, and full address.
- On the: 'Please list all dates of attendance' indicate the semesters you enrolled at Northeastern Illinois University, and don't forget to SIGN and DATE.

 <p>TRANSCRIPT REQUEST</p>	<p>NEIU ID or SSN: <input type="text"/></p> <p>Telephone No.: <input type="text"/></p>	<p>Please list all dates of attendance: Begin: _____ End: _____ Have you received an NEIU degree? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ List all names attended under: _____</p>
	<p>STUDENT INFORMATION</p> <p>Last: _____ First: _____ Street: _____ City: _____ State: _____ Zip: _____</p>	<p>Please check only ONE Box:</p> <p><input type="checkbox"/> Send immediately</p> <p>OR</p> <p><input type="checkbox"/> Hold Request For:</p> <p>_____ Current Term Grades (circle one) Fall Spring Summer</p> <p>_____ Degree Posting Term of Degree _____</p> <p>_____ Incomplete Removal Course No. & Term _____</p>
<p>No. Requested: <input type="text"/></p> <p>RECORDS OFFICE USE STAFF INITIALS _____ DATE MAILED _____</p>	<p>SEND TRANSCRIPT TO:</p> <p>_____ _____ _____ _____</p> <p><small>FOR DIRECT MAILING IN WINDOW ENVELOPE The correct and legible address is the student's responsibility. All official transcripts issued to students will have an "issued to student" stamp affixed to it.</small></p>	<p>_____ _____ _____ _____</p> <p>SIGNATURE DATE</p>

Please mail an official copy of my transcript to the following person at the address provided as soon as possible (no later than sixty days after the end of the term):

ATT: Claudia Gonzalez, Coordinator, Office of International Programs
Northeastern Illinois University
5500 N. St. Louis Ave, LWH 0008C
Chicago, IL 6062, USA

Signature

Date

Dear Records: This exchange student has completed their semester at NEIU. Once these transcripts are ready please send them in a closed envelope to the Claudia Gonzalez, LWH 0008C. For any questions please contact Ms. Gonzalez at cgonzalez2@neiu.edu, X4068.

Thank you.

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