



TRANSCRIPT REQUEST FORM

As an accepted member of The University of Texas Health Science Center at Houston, Postdoctoral Certificate Training Program, I am required to have official transcripts documenting receipt of my Ph.D. from the institution in which I was awarded the degree. The transcript should show a record of all academic work completed and must be submitted by the college or university directly to the Office of the Registrar at the following address:

Office of the Registrar – UCT 2250
The University of Texas Health Science Center at Houston
PO Box 20036
Houston, TX 77225

Thank you for your prompt attention to this matter.

Name:	Signature:
Name of Institution:	Years attended:
Date of Graduation:	Degree Awarded: