

REQUEST FOR OFFICIAL TRANSCRIPT
FROM NON U.S. INSTITUTION

DATE: _____

TO: _____

FROM: _____

TO WHOM IT MAY CONCERN,

I, _____ HEREBY REQUEST THAT

YOU FORWARD MY "OFFICIAL TRANSCRIPT" TO:

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
OFFICE OF THE REGISTRAR
7000 FANNIN, SUITE 2250
P.O. BOX 20036
HOUSTON, TEXAS 77225
PHONE: (713) 500-3361
FAX: (713) 500-3356

I ATTENDED _____

FROM _____ TO _____

I AM CURRENTLY APPLYING TO THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON. YOUR ASSISTANCE WILL BE MOST APPRECIATED.

SINCERELY,