GEISEL SCHOOL REGISTRAR’S OFFICE
TRANSCRIPT REQUEST FORM
FOR STUDENTS APPLYING TO RESIDENCIES

Name_____________________________________________ ____________________________

Signature________________________________________ Date________________________________

Please release a copy of my Geisel School academic transcript as follows:

**ERAS Transcript** – specifically designed to be issued as a part of your electronic residency application. The Registrar’s Office forwards the transcript directly to the Office of Clinical Education.

☐ Initial Date to Transmit (pre-deadlines)__________________________________________

Please specify the grade(s) you are waiting for________________________________________

If grade does not arrive by date, please:
☐ Email or call me
☐ Send transcript without grade

☐ Date to Re-Transmit (closer to deadlines)__________________________________________

Please specify the grade(s) you are waiting for________________________________________

If grade does not arrive by date, please:
☐ Email or call me
☐ Send transcript without grade

**NON-ERAS Transcripts**

Number of Programs________

☐ Provide labels with complete residency program addresses.

(include program director’s name, department/name of program, institution, and mailing address)

**Transcript for Residency Advisor/Recommendation Writer**

☐ An unofficial transcript provided to an advisor or faculty member for advising or letters of recommendations. Write the complete name and address below.

Name_____________________________________________ ____________________________

Department and Mailing Address/HB

Return Completed Form to the Geisel School Registrar’s Office, HB 7090 (DHMC, Rubin 4th Floor).