



TRANSCRIPT REQUEST
FAX #: (973) 802-1854

PLEASE PRINT

Student ID#: _____

Name of Student: _____

Address: _____

City, State, Zip: _____

Signature: _____

Check: _____ Undergraduate _____ Graduate _____ Ph.D. _____ D.O.T.

When did you attend NJIT? _____ Date of Birth: _____

Hold until this semester's grades are posted: _____ Hold until graduation is posted _____

Please send _____ copies of my transcript to the recipient below. Include a complete address, name and separate form for each request.

Addressed to:

There is no fee for regular transcript processing. Regular processing takes 10 business days. The fee for 2 business days processing is \$20.00. The request for 2 day processing must be received by 2:30 PM. Only unofficial transcripts will be issued to students. Transcripts cannot be issued until all outstanding debts to NJIT have been paid.

If requesting 2 day processing, this form must be taken to the Bursar's Office for payment of fee.

Date Received: _____ Receipt No.: _____

Fee Paid: _____ Date Sent: _____

Revision date: 10/17/08