



Transcript Request

Please Print

Student ID# _____

Name of Student _____

Address _____

City, State, Zip _____

Signature _____

Check One: 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.

Please Print Plainly

There is no fee for regular transcript processing. Regular processing takes 10 business days. The fee for 24 hour processing is \$20.00. The request for 24 hour processing must be received by 2:30PM. Only unofficial transcripts will be issued to students. Transcripts cannot be issued until all outstanding debts to NJIT have been paid.

If requesting 24 hour processing, this form must be taken to the Bursar's Office for payment of fee.

Date rec'd _____

Receipt No. _____

Fee Paid _____

Date Sent _____