

Graduate Programs Office
College of Business Administration
University of Cincinnati
P.O. Box 210020
Cincinnati, OH 45221-0020, USA

To Be Completed by Applicant

Name

last first middle

social security number school enrollment dates

degree/year

I hereby authorize the release of a transcript of my academic record to the Graduate Programs Office, College of Business Administration, University of Cincinnati.

Signature of Applicant

Date

To be Completed by Registrar:

Please complete the items below and enclose this form in an envelope along with an official transcript. Seal the envelope, sign or place your seal on the back flap, and return to the applicant. Please be sure to include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, please include an English translation. In the event that your policy does not allow returning the sealed envelope to the applicant, please send it directly to us at the following address:

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Cumulative grade point average on a 4.0 scale

Rank in graduating class
