CANADIAN MENNONITE UNIVERSITY

Request for Transcript of Academic Record

Section 1. **Personal Information**

Full name: _____
First Middle Last

Birthdate _____

Current Address _____

_____

_____

_____

Telephone _____

E-mail _____

Previous Name (If applicable) _____

College or University Attended:

☐ CMU ☐ Outtatown

☐ CMBC ☐ MBBC ☐ Concord College

Last Registration Year _____

Signature _____

(The form must be signed for transcripts to be processed)

Section 2: **Other Information**

1. **All CMU accounts in the name of the applicant must be in good standing before transcripts will be issued.**
2. **Please allow five working days for processing transcripts.**
3. **Session results are added to students' records only in May and January.**

Number of transcripts requested: _____

Instructions for Preparation:

☐ Process Immediately

☐ Wait for final grades in current session.

☐ Wait until degree is recorded in (May/November).

☐ Other Instructions (eg transcripts in sealed envelopes)

_____

_____

_____

☐ A) Please Mail to:

_____

_____

_____

_____

_____

☐ Courier to the above address:
The Destination telephone number and contact name are required if the transcript is to be sent by courier. Courier costs will be charged to a credit card number.
Destination Telephone No. _____
Contact Name: _____

☐ B) I will PICK UP on _____
I understand that no one may pick up my transcript for me without a letter of consent signed by me, plus personal identification

☐ C) Please put in my CMU Mailbox No. _____

Section 3: **Financial Information**

Transcript fee of $10.00 for the first copy, and $6.00 for each additional transcript requested at the same time.

Transcripts will not be prepared until the fee is paid.

☐ I have enclosed a cheque or money order made payable to Canadian Mennonite University in the amount of $_____

☐ Please charge my credit card in the amount of $ _____ (plus courier charges if applicable) ☐ Visa ☐ MasterCard

Name on Card: _____ Card No. _____ Expiry Date _____

Office Use Only:
Date Request received: _____
Payment received: _____
Transcript(s) Completed: _____

Please send completed form with payment to:
REGISTRARS OFFICE
Canadian Mennonite University
500 Shaftesbury Blvd
Winnipeg, MB R3P 2N2
Fax: 204-837-7415