SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

TRANSCRIPT AND MSPE REQUEST FORM

SOM Office of the Registrar som-registrar@case.edu
Mail: 10900 Euclid Avenue, Samson Pavilion, Room 413E Cleveland, Ohio 44106-7507
Deliveries: 9501 Euclid Avenue, Samson Pavilion, Room 413E, Cleveland, OH 44106-7507
Tel: (216) 368-6137 • Fax: (216) 368-4621

Date:_____ Name:_____
(Last) (First) (Middle)

Other Name(s) or Maiden Name while at CWRU:_____

Current Address:_____
(Street) (City) (State) (Zip)

Phone: (_____)_____ (non-Case) Email Address:_____

Case Email (ex. abc123) _____ Date of Birth: _____ Class of: _____

Currently Enrolled? ☐ Yes ☐ No CCLCM Student: ☐

Please fill out all that apply.	**# Required**
TRANSCRIPT - **$5.00 per document** ☐ VSLO (Visiting Student Learning Opportunities) ☐ ERAS (Electronic Residency Application Service) ☐ EFDO (ERAS Fellowships Documents Office) ☐ Other	
MSPE - **$5.00 per document** (Fee is for Alumni only) ☐ ERAS ☐ EFDO ☐ Other	

ADDITIONAL DELIVERY METHODS (please complete this section only if "Other" is checked above)

☐ FAX - **$5.00 extra per fax** (Please note: a faxed transcript is considered unofficial) Fax #: Attn To:		
☐ IN-PERSON Pickup		
☐ Regular MAIL		
MAIL to:	Mailing Address (attach additional addresses if needed): _____ _____ _____	
FedEx Overnight - **$21.00 fee** (Please note: FedEx cannot deliver to a PO Box) ☐ Yes ☐ No		
	TOTAL	

☐ **I have reviewed my transcript in SIS (case.edu/sis), please upload AS IS.**

Special Instructions (Please attach all additional forms and documents needed):

Signature:_____ **Date:**_____
Form must be signed in order to be processed. Signing another person's name constitutes fraud.

Please select Method of Payment: **No cash accepted!**
☐ Check (payable to Case Western Reserve University)
☐ Money Order
☐ Credit Card: **Please do not email or call with credit card information.** A link to our secure payment website will be provided by the SOM Registrar's Office once your request has been received.

Please Fax, Mail, or Email to the SOM Office of the Registrar.
Allow 3-5 business days for processing.