

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

		Name:		(mt)		(2 51 1 11 )
	Nome while of CIVILI		(Last)	(First)		(Middle)
		CWRU:				
urrent Address:	(Street)		(City	·)	(State)	(Zip)
10ne: ()		(non-C	Case) Email Address:			
ase Email (ex. abc123)_			Date of Birth:		Class of:	
urrently Enrolled?	$\square$ Yes	$\square$ No	CCLCM Stude	ent: □		
Please fill out all that apply.						# Required
□ VSLO (Visiting Stud □ EFDO (ERAS Fellov MSPE - <b>\$11 per d</b> e	dent Learning Opposition of the Comment of the Comment (\$1	oortunities) s Office) 4.25 for int'	nt students; \$11 for a  ERAS (  Other  I delivery) (Fee is for A	Electronic Residency A		
☐ ERAS ☐ EFI			se complete this sect			
☐ FAX - <b>\$10.00</b> Fax #:	(Please note:	a faxed transo	cript is considered un ttn To:			
☐ IN-PERSON Pi	ckup					
☐ Regular MAIL			itional addresses if needed			
MAIL to:						
FedEx Overnight	- \$41.50 fee	(\$68.50 for	r int'l) (Note: FedEx can	not deliver to a PO Box	) □ Yes □ No	
					TOTAL	
☐ I have review	ed my tran	script in S	IS (case.edu/sis)	, please upload	AS IS.	
Special Instruc	ctions (Please	attach all addi	tional forms and docume	ents needed):		
				onstitutes fraud.	Date:	