

OFFICIAL WESLEYAN TRANSCRIPT REQUEST FORM

Health Professions Administrative Assistant
Telephone: 860-685-3376 FAX: 860-685-2181
health.professions@wesleyan.edu

_____, Class of _____
Print Full Name

Wesleyan ID# _____

Current Address: _____

Cell Phone #: _____ E-Mail: _____

I am a _____ current Wesleyan student; I am a _____ Wesleyan alum; and would like to hereby request that a copy of my official transcript from Wesleyan be sent to the Health Professions Administrative Assistant. I understand that this document will be used in the review of my Supporting Documents File (in my veCollect Account) as part of the preparation for my committee letter request in support of my application to either medical, dental or veterinary medicine programs.

Signature

Date