

TRANSCRIPT REQUEST

To the Applicant:

Complete the information below and send to the postsecondary institution you have attended. You may make additional copies as needed if more than one institution was attended.

Last (Family) Name	First Name	Middle Name	Previous Name (if any)
--------------------	------------	-------------	------------------------

Street Address	Social Security or Student ID Number
----------------	--------------------------------------

City	State	Country	Zip Code	()	Telephone Number
------	-------	---------	----------	-----	------------------

Name of Institution	Dates Attended
---------------------	----------------

Degree Granted	Date Granted
----------------	--------------

To the Registrar

The person named above is applying for admission to the Full-Time MBA Program at the University of Texas at Dallas. Please attach an official copy of his/her transcript to this form and complete the following:

Please state the applicant's cumulative grade point average:_____

Class Rank (if available):_____

If average is not calculated on a 4.0 scale, please state what scale is used:_____

Please send this form and transcript directly to:

The Full-Time MBA Program
 University of Texas at Dallas
 School of Management, SM 21
 PO Box 830688
 Richardson, Texas 75083-0688
 Telephone: (972) 883-6822, (800) 565-CMBA
 Fax: (972) 883-6823
 E-Mail: mba@utdallas.edu