

**DMS REGISTRAR'S OFFICE
TRANSCRIPT REQUEST FORM
FOR STUDENTS APPLYING TO RESIDENCIES**

Name _____

Signature _____ Date _____

Please release a copy of my DMS academic transcript as follows:

ERAS Transcript - specifically designed to be issued as a part of your electronic residency application. The Registrar's Office forwards the transcript directly to the Office of Clinical Education.

Initial Date to Transmit (pre-deadlines) _____

Please specify the grade(s) you are waiting for _____

If grade does not arrive by date, please:

Email or call me

Send transcript without grade

Date to Re-Transmit (closer to deadlines) _____

Please specify the grade(s) you are waiting for _____

If grade does not arrive by date, please:

Email or call me

Send transcript without grade

NON-ERAS Transcripts Number of Programs _____

Provide labels with complete residency program addresses.
(include program director's name, department/name of program, institution, and mailing address)

Transcript for Residency Advisor/Recommendation Writer

An unofficial transcript provided to an advisor or faculty member for advising or letters of recommendations. Write the complete name and address below.

Name

Department and Mailing Address/HB

Return Completed Form to the DMS Registrar's Office, HB 7090 (DHMC, Rubin 4th Floor)