

**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.

Check if you want copies of your clerkship evaluations mailed as well.

Name

Department and Mailing Address/HB

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