



THE UNIVERSITY OF WINNIPEG

Transcript Request Form

Current Full Name:	Previous Name (if applicable):	Student # (if known):	Date of Birth:
Current Address:		Email:	
City and Province:		Phone:	
Postal Code:		Cell:	
UWinnipeg Degree(s) Awarded:	Year(s) Degree(s) Obtained:	Majors/Minors:	Most Recent Term Attended:

Number of transcripts: _____ **Transcripts are \$14.00 each.**

PDF transcript (\$14) via email to:

I require a paper copy (\$14). Please:

- Send by regular mail to address below
 - Courier to address below (cannot courier to P.O. Box) (\$15 Winnipeg; \$25 Canada; \$45 US; \$80-115 International)
- Contact phone number: _____

Address:

PLEASE NOTE: PDF VERSIONS ARE CONSIDERED OFFICIAL AT THIS TIME AS LONG AS THEY ARE E-MAILED DIRECTLY FROM THE AUTHORIZED UNIVERSITY OF WINNIPEG EMAIL ADDRESS.

Instructions for Preparation: Final term results are added to a student's record in late January, late May and late August. If there are other results, e.g. Deferred Exams to be included, please specify below.

Process immediately (available in approximately 3-5 business days)

Hold for Results after:

- Fall Term
- Winter Term
- Spring/Summer Term

Hold until Convocation in:

- June
- October
- February

Special Instructions:

Please read and sign below before submitting

- Transcripts are normally completed within three to five working days. In special cases and during busy periods the time may be seven to ten working days.
- Transcripts are not prepared until the fee for this service is paid in full.
- No transcript will be issued until all applicable holds have been removed and all of the student's unpaid accounts with all University departments have been settled.
- Photo ID must be presented when picking up transcripts.
- I understand that no one may pick up or order my transcript(s) without my written consent.
- This transcript will not include courses or programs taken through Professional, Applied & Continuing Education (PACE) program (formerly Division of Continuing Education); the Collegiate, or the English Language Program. Separate requests must be made to each of these areas.

Student's Signature (must be signed. Script fonts not permitted):

Payment Information:

Visa or MasterCard

For payment methods other than credit card, please contact Student Central

Credit Card #: _____

Expiration Date: _____

Cardholder's Signature (must be signed. Script fonts not permitted) :

FOR OFFICE USE ONLY	Amount received:	Date:
Receipt #:	Date requested:	Notes: