



Argosy University, Dallas
Admissions Department
8080 Park Lane, Suite 400A
Dallas, TX 75231
Phone: 214.890.9900 or 866.954.9900
Fax: 214.696.3900

Dallas

Request for an Official College Transcript

To Registrar: Please mail an official transcript to Argosy University, Dallas at the address listed above. In addition, if permitted, please fax an official transcript prior to mailing.

Please Print All Information (*required)			
*First Name	Middle Initial	*Last	
*Full Name at the Time of Attendance (if different from above)			*Date of Birth (mm-dd-yy)
*SSN	Address		
City	State	Zip	Phone
Please check one			
<input type="radio"/> I attended classes from (yrs) _____	–	<input type="radio"/> I graduated in (yr) _____	
*College/University			
*Address			
*City	*State	Zip	School Phone ()
Fax ()	Cost	(Office Use Only) Payable to:	
Notes:			

To the Prospective Student: I understand that Argosy University will assist me in securing my official transcript, but that ultimately it is my responsibility to make sure that my Official transcript has been received by Argosy University.

Conditional Acceptance: If acceptance is granted based upon the review of an unofficial transcript I understand that this acceptance is conditional pending the receipt of an official transcript. If an official transcript is not received by the end of my first session (for a 7.5-week class) or semester (for a 15-week class) of enrollment I understand that I will be withdrawn from Argosy University per the policy in the *Argosy University Academic Catalog*. I am aware that financial aid will not be credited to my account until an official transcript is received.

Acceptance of policy stated above

Signature	Date
-----------	------

I authorize you to release my official transcript to Argosy University, Dallas

Signature	Date
-----------	------

For official use