



Argosy University, Schaumburg
Admissions Department
999 North Plaza Drive, Suite 111
Schaumburg, IL 60173-5403
Phone: 847.969.4900 or 866.290.2777
Fax: 847.969.4999

Schaumburg

Request for an Official College Transcript

To Registrar: Please mail an official transcript to Argosy University, Schaumburg 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of my first session (for a 7.5-week class) or semester (for a 15-week class) of enrollment I understand that I will be withdrawn from Argosy University per the policy in the *Argosy University Academic Catalog*.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, Schaumburg	
Signature	Date

For official use