



Complete & Submit to the SMC Registrar's Office
Klein Building, Suite C

TRANSCRIPT REQUEST FORM FOR STUDY ABROAD APPLICATIONS

Submit to: The Registrar's Office, Klein Building, Suite C

NAME: _____

ID Number: _____

 Campus Box Number: _____

Class Of: _____

 Cell or Local Phone: _____

 E-Mail: _____

1. STUDY ABROAD PROGRAM APPLICATION

Mail my **Official Transcript** to my Study Abroad Partner Program:

Name of Program: _____

Street Address: _____

City/State/Zip: _____

Hold for Final Grades

Send Immediately

2. SAINT MICHAEL'S COLLEGE APPLICATION

Send an unofficial copy of my transcript to the Director of Study Abroad, Box 112.

Student Signature

Date