



Vesalius College vzw

Pleinlaan 2, B-1050 Brussel  
 Telephone: (32) 2/629.28.21, Fax: (32) 2/629.36.37  
 website: <http://www.vesalius.edu>

## Transcript Request

*You must complete a separate form for each institution which is to receive an official transcript*

Student information				
Student ID n°				
Last Name				
First Name				
Current address	Street			
	Number			
	Postal Code			
	City			
	Are you currently enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of official copies required			
	Number of student copies required			
	Transcript to be	<input type="checkbox"/> Collected <input type="checkbox"/> Mailed		
	If to be mailed			
	Institution			
	For the attention of			
	Street & number			
	Postal or Zipcode			
	City			
Country				
<b>Transcript Req'd</b>	Immediately	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	After final grades for	<input type="checkbox"/> Fall <input type="checkbox"/> Spring		
	After grade change	From	To    Course	
	After incomplete is made up	Course		
	After degree or certificate is posted	<input type="checkbox"/> Yes <input type="checkbox"/> No		
For office us only				
Date	Amount paid	Received by		
Date collected/Sent		Checked by Bookkeeper		