



University of Seychelles American Institute of Medicine

Transcript Request Form:

Student I.D

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Please complete the following information for requesting a transcript. **Please Print.**

Student Name:

As it should appear on the transcript.

Please Print:	

Date of Birth:

Example: January 19, 1981	
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Physical Address & Telephone

This will be the address where the transcript will be mailed.

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Number of copies requested

Purpose of the Request: **Withdrawing** **Other:**

Current Program: **Preclinical** **Clinical** **PreMedical** **Dental**

If withdrawing, please submit a letter signed and dated stating your intentions to withdraw. Without the letter, this request will not be considered.

Student Signature: _____ **Date:** _____

Please Note:

1. by signing this form, the student is obligated to pay for the services listed above.
2. It takes 2-3 weeks to process the transcript request and 5-7 days to mail the document after the payment has been received in full. There are no exceptions to this rule. Students should plan accordingly for urgent requests.
3. The cost of a transcript is \$25/transcript plus shipping charges depending on the physical address.
4. Scanned copy of the transcript will be mailed for students for approval before the hard copy is sent in the mail.
5. Any changes requested by the student after approving the scanned copy will result in additional cost.
6. Payments can be made online at <http://www.usaim.edu/StudentInfo/PayTuition.aspx>

Please complete and Return the Transcript Request Form to:

Maria.Dhariwal@usaim.edu