

ST. MARY'S UNIVERSITY



Date

To the Registrar:

(Name of School) _____

(Address of School) _____

City

State

Zip

Please send two copies of my transcripts:

**To: DEAN OF THE GRADUATE SCHOOL
St. Mary's University
One Camino Santa Maria
San Antonio, Texas 78228-8543**

I last attended your school in the year _____.

Student's Name: _____

(Please print clearly)

Signature: _____

Social Security Number: _____

Student's Address: _____

City

State

Zip

(Enclose fee for transcripts.)

**OFFICE OF THE DEAN
GRADUATE SCHOOL
ONE CAMINO SANTA MARIA
SAN ANTONIO, TEXAS 78228-8543
(210) 436-3214
FAX (210) 431-2220**

