TRANSCRIPT REQUEST FORM

Department of Accounting and Business Law
College of Business Administration
637 Stokely Management Center
The University of Tennessee
Knoxville, Tennessee 37996-0560

To be completed by the applicant

Name: ____
Last First Middle

Social Security Number: ____________________

School: ____

Dates of enrollment: ________________ Degree and year: ______________________

To be completed by the registrar:
Please complete the grade point average and class rank information below and send this form, along with one current transcript, to

The Graduate School
218 Student Services
The University of Tennessee
Knoxville, Tennessee 37996-0220

Cumulative grade point average: ________
If your grading system is not equivalent to A = 4, B = 3, etc., please explain your system on the back of this form.

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