

Office of Graduate Admissions Request for Waiver of Transcript Requirement

Please complete this form if you are requesting that the Office of Graduate Admissions waive the requirement for you to submit one or more original college transcripts. Completing this form is not a guarantee of the waiver being granted. Transcript waivers are granted only in rare instances and only when it is truly impossible to obtain an original transcript.

Barry ID number or Social Security number _____
Used for identification purposes only

Applicant name _____

Program of study _____

Provide as much information as possible for the school(s) for which you are requesting a transcript waiver. If you need more space, please copy this form.

Name of School _____

Other names used by this school _____

Mailing address _____
Street/PO Box City State/Province/Country ZIP/Postal Code

Web address _____

Why are you requesting this waiver? _____

Please explain in detail what efforts you have made to obtain this transcript.

Applicant Signature

Date

For Office Use Only

Waiver approved _____

Waiver not approved _____

Reason for decision _____

Director of Graduate Admissions

Date