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 ____________