



HEALTH SCIENCES ADMISSIONS
11300 NE Second Avenue
Miami Shores, FL 33161-6695

Transcript Request Form

Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college.

Full acceptance cannot be made until all transcripts are received.

If you need more forms, please feel free to make copies.

Thank you for your prompt attention to expediting transcript request information.



HEALTH SCIENCES ADMISSIONS
11300 NE Second Avenue
Miami Shores, FL 33161-6695

Transcript Request Form

Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college.

Full acceptance cannot be made until all transcripts are received.

If you need more forms, please feel free to make copies.

Thank you for your prompt attention to expediting transcript request information.



HEALTH SCIENCES ADMISSIONS
11300 NE Second Avenue
Miami Shores, FL 33161-6695

Transcript Request Form

Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college.

Full acceptance cannot be made until all transcripts are received.

If you need more forms, please feel free to make copies.

Thank you for your prompt attention to expediting transcript request information.

Transcript Request Form

To: REGISTRAR

Date _____

Name of College/University

Address

City and State

ZIP

PLEASE SEND A TRANSCRIPT OF MY RECORD
TO:

BARRY UNIVERSITY
Health Sciences Admissions
11300 NE Second Avenue
Miami Shores, FL 33161-6695

I attended your school from _____ (mo.) _____ (yr.) to _____ (mo.) _____ (yr.)

Name used while attending _____

Social Security # _____ - _____ - _____ *(for identification purposes)*

Full legal name _____

Address _____ *(please print)* Apt. _____

City & State _____ ZIP _____

Signature _____

Transcript Request Form

To: REGISTRAR

Date _____

Name of College/University

Address

City and State

ZIP

PLEASE SEND A TRANSCRIPT OF MY RECORD
TO:

BARRY UNIVERSITY
Health Sciences Admissions
11300 NE Second Avenue
Miami Shores, FL 33161-6695

I attended your school from _____ (mo.) _____ (yr.) to _____ (mo.) _____ (yr.)

Name used while attending _____

Social Security # _____ - _____ - _____ *(for identification purposes)*

Full legal name _____

Address _____ *(please print)* Apt. _____

City & State _____ ZIP _____

Signature _____

Transcript Request Form

To: REGISTRAR

Date _____

Name of College/University

Address

City and State

ZIP

PLEASE SEND A TRANSCRIPT OF MY RECORD
TO:

BARRY UNIVERSITY
Health Sciences Admissions
11300 NE Second Avenue
Miami Shores, FL 33161-6695

I attended your school from _____ (mo.) _____ (yr.) to _____ (mo.) _____ (yr.)

Name used while attending _____

Social Security # _____ - _____ - _____ *(for identification purposes)*

Full legal name _____

Address _____ *(please print)* Apt. _____

City & State _____ ZIP _____

Signature _____



BARRY
UNIVERSITY

HEALTH SCIENCES ADMISSIONS

11300 NE Second Avenue
Miami Shores, FL 33161-6695

Application Information:
305-899-3484 or 800-756-6000, ext. 3484
Financial Aid:
305-899-3673 or 800-695-2279
E-mail: healthsciences@mail.barry.edu

www.barry.edu/chs