

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**