



Request for Transcript

If upon successfully completing your course you wish to have one or more transcripts issued, fill in this form and send it to:

Independent Learning
505 S. Rosa Road, Suite 200
Madison, WI 53719-1257

You may also fax your transcript request and payment to our office, at 608-262-4096. For current costs, contact Learner Services at 877-895-3276 or visit our Web site at: learn.wisconsin.edu. **Payment must accompany your request.** Make check or money order payable to University of Wisconsin or pay by credit card (see bottom of this page).

Your transcript will show university credits, high school credits, continuing education units (CEUs),

or WTCS credits earned through satisfactory completion of a UW Learning Innovations Independent Learning course.

University credit earned: We will send transcripts to the office or institution you specify. To have credits earned during a summer or vacation period transmitted in time for registration, you must complete all work, including the examination, *at least two weeks before the start of a semester.*

High school credit: We will automatically send a transcript to Wisconsin high schools for students who have had a school official sign their application for enrollment. If you are one of these students and wish to have only one transcript issued, you *need not* fill in this form.

NOTE: Please mail this entire sheet separately; *do not include it with an assignment.*

Course for which transcript is requested _____

Date of completion _____

Number of transcripts requested _____

Send transcript to (name of institution and address):

Send additional transcript/s to (name of institution and address):

Name _____ Registration no. _____

Address (include ZIP) _____

Signature (required) _____ **Date (required)** _____

For payment with credit card, please provide the information requested and sign below. If you are using an account held by someone else, that person must sign and provide his or her address.

American Express MasterCard Visa Account no. _____ Expiration date _____

Signature _____

Print name _____

Address (if account holder is not the student): _____

Phone (if account holder is not the student): _____