

**Graduate Programs Office**  
College of Business  
University of Cincinnati  
PO. Box 210020  
Cincinnati, OH 45221-0020, USA

**University of Cincinnati MS-IS Program**

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**To Be Completed by Applicant**

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**Name**

last first middle

social security number school enrollment dates

degree/year

I hereby authorize the release of a transcript of my academic record to the Graduate Programs Office, College of Business, University of Cincinnati.

**Signature of Applicant**

**Date**

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**To be Completed by Registrar:**

Please complete the items below and enclose this form in an envelope along with an official transcript. Seal the envelope, sign or place your seal on the back flap, and return to the applicant. Please be sure to include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, please include an English translation. In the event that your policy does not allow returning the sealed envelope to the applicant, please send it directly to us at the following address:

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USA

Cumulative grade point average on a 4.0 scale:

Rank in graduating class:

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