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## **REQUEST FOR CO-CURRICULAR TRANSCRIPT**

1. Use a black or blue ink pen to clearly print your responses to each question.

### **SECTION A: STUDENT INFORMATION**

2. DO YOU CURRENTLY ATTEND METHODIST UNIVERSITY? Check yes if you are currently enrolled as a MU student. If you are a former MU student and/or graduate, check no and indicate the semester and year you last attended.
3. NAME - provide your complete name as it appears (or appeared) on your MU Student ID.
4. OTHER NAME - Provide your maiden name or another name with which you previously registered at Methodist University.
5. DATE OF BIRTH - Indicate the date you were born in the format month/day/year (e.g. 05/22/1983)
6. MU ID Number - Provide your MU student identification number.
7. PHONE NUMBER - provide the number where we can most likely reach you during daytime hours, in case we have a question about any of the information you have submitted.
8. E-MAIL ADDRESS - provide the MU e-mail address where we can most likely reach you, in case we have a question about any of the information you have submitted.
9. STREET ADDRESS - Provide your current mailing address. This may be your local home address, campus address for University residents, or permanent address.
10. CITY/STATE/ZIP - For the address listed for Question 9, provide the name of the city, state or province, and zip code. For international addresses, please also indicate the country.

### **SECTION B: PICK-UP INSTRUCTIONS**

1. I WILL PICK UP \_\_\_\_\_ COPIES OF MY CcT in the Office of Student Affairs, Berns Student Center. If you checked that you want to pick up your printed CcT(s) in person, indicate the number of copies (up to 5 copies per written request) you are requesting.  
SIGNATURE - Please sign the form. Your signature is required to complete your request.
2. DATE - Indicate the date you signed your form.
3. The Office of Student Affairs will contact you regarding unresolved questions related to your submitted Request for Co-curricular Transcript Form.

4. A student must show a valid photo ID before being provided his/her Co-curricular Transcript. See table below.

Requesting your CcT	Picking up your CcT
<p><u>OPTION 1-Online Form</u></p> <p>Complete the online Request for Co-Curricular Transcript Form on the CcT website, <a href="http://www.methodist.edu/studentaffairs">www.methodist.edu/studentaffairs</a></p>	<p><u>Picking up your CcT in person</u></p> <p>at the Student Affairs Office in Berns Student Center.</p>
<p><u>OPTION 2- Printed Form</u></p> <p>Drop off your completed Request for Co-Curricular Transcript Form at the Student Affairs Office <b>or</b> fax your completed form to (910) 630-7682.</p>	<p>Pick up your CcT in person at the Student Affairs office. You must show a valid photo ID at the time of pick up.</p>

5. If you have any questions, please contact the Office of Student Affairs at (910) 630-7152.



**Co-Curricular  
Transcript**

REQUEST FOR CO-CURRICULAR TRANSCRIPT

**IMPORTANT**

- All University financial obligations must be met before transcripts will be released.
- Must show photo ID before CcT will be released.
- Refer to step-by-step instructions at [www.methodist.edu/student-affairs](http://www.methodist.edu/student-affairs).

SECTION A: STUDENT INFORMATION

FOR OFFICE USE ONLY	
RECEIVED	
Date: _____	in(circle one) SD&S SA
Student has holds (SOAHOLD)	___Yes ___No
Photo ID verified by (name):	_____
PROCESSED	___Picked up
Date:	_____
Handled by (name)	_____

Do you currently attend Methodist University? \_\_\_Yes \_\_\_No, I last attended in the \_\_\_\_\_ of \_\_\_\_\_  
Summer, Fall, or Spring Year

Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MU ID Number: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

SECTION B: PICK-UP INSTRUCTIONS

\_\_\_\_\_ I will pick up \_\_\_\_\_ copies of my CcT from the Student Affairs Office.  
(Maximum 5)

At the time you submit this completed form, please verify the date when the printed transcript will be ready.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please return the completed form to: Student Affairs, fax: 910-630-7682.