MEDICAL UNIVERSITY of the AMERICAS

GRADE REPORT/TRANSCRIPT REQUEST FORM

27 Jackson Road, Suite 302 Devens, Massachusetts 01434, USA

It is the policy of Medical University of the Americas to send Official Transcripts ONLY to designated colleges, recognized institutions and/or employers. We DO NOT send official copies to students. All copies released directly to the student are in the form of Grade Reports.

Issuance of Transcripts

1. Financial obligations to the school must be met before transcripts are released.
2. All transcript requests must be submitted via completed request form, which can be emailed to registrar@mua.edu or mailed to the Devens, MA Administrative Offices (address above).
3. Transcripts can be purchased at the rate of $10 per copy (Grade Reports (unofficial) are Free of Charge.
4. Payment by money order or check in US dollars will be processed within three (3) to five (5) business days. NO REQUEST WILL BE PROCESSED WITHOUT PAYMENT. Mail payment to: Medical University of the Americas c/o St. Matthew's University, 11486 Corporate Blvd., Suite 120, Orlando, Fl 32817. Credit cards are accepted: follow instructions at https://sites.google.com/mua.edu/payments-medical-university-of/home or contact studentaccounts@mua.edu for other options.
5. Added fees apply for overnight delivery (no PO Box option for overnight delivery). Within the U.S., an additional $25 fee is applicable, inquire with studentaccounts@mua.edu for costs of rush delivery outside of U.S.

Personal Information

Last name: _____ First name: _____ MI: _____

Perm. Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Dates of Attendance: _____ to _____ Phone number: _____

Email Address: _____

Check One: Issue at Once Hold for semester grades Hold for degree conferral

Recipient Information

Recipient: _____

Physical Address or email: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Phone number: _____

Office Use Only

Office Use: Fee paid $ _____ Date approved _____ Date Processed _____

Initials _____ Self pay _____ Title IV _____ Semester paid Through (w/year) _____