



# CMI

## College of the Marshall Islands

Accredited by the Western Association of Schools and Colleges

P.O. Box 1258  
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Majuro, Marshall Islands, MH 96960

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Fax: (692) 625-7203  
Email: your\_email\_here@cmi.edu

### REGISTRAR - STUDENT SERVICES DEPARTMENT - BOR 300 SERIES

## Transcript Request Form

1. NAME \_\_\_\_\_  
FIRST MIDDLE LAST STUDENT ID #

2. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/ DD /YEAR

3. OFFICIAL TRANSCRIPT \_\_\_\_\_ copy(s)

- ☐ 1<sup>st</sup> Request (Each student is entitled to one transcript free of charge).
- ☐ 2<sup>nd</sup> Request (**Standard Processing within 5 working days**): Fees must be paid in advance for each additional transcript request.
  - ☐ On-Island Request \$3.00      ☐ Off-Island Request \$11.00
- ☐ **Expedited Processing within 1 working day:**
  - ☐ On-Island Request \$10.00      ☐ Off-Island Request \$18.00

\* Students may pay an additional \$12.00 for transcripts to be sent via express mail.

|                                                                                                                                                                                                                                                                       |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| YOUR CURRENT MAILING ADDRESS:                                                                                                                                                                                                                                         | HOME PHONE:<br>CELL PHONE:<br>WORK PHONE IF ANY: |
| EMAIL ADDRESS:                                                                                                                                                                                                                                                        |                                                  |
| PURPOSE OF REQUESTING THE TRANSCRIPT OF RECORDS:<br><input type="checkbox"/> Employment<br><input type="checkbox"/> Scholarship Application<br><input type="checkbox"/> Transfer to a four-year institution<br><input type="checkbox"/> Others, please specify: _____ | SEND/MAIL TRANSCRIPT TO:                         |
| SIGNATURE:                                                                                                                                                                                                                                                            | DATE ____/____/____<br>MM / DD / YYYY            |

### OFFICE USE ONLY

This is to certify that the above student/graduate of the College of the Marshall Islands has been cleared from the school money or property.

### RECORD VERIFIED & APPROVED SIGNATURES: REMARKS DATE

|                                   |  |
|-----------------------------------|--|
| Business Office:                  |  |
| Prepared & Released by: Registrar |  |