



CMI

College of the Marshall Islands

Accredited by the Western Association of Schools and Colleges

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REGISTRAR - STUDENT SERVICES DEPARTMENT – BOR 300 SERIES

Transcript Request Form

1. NAME _____
FIRSTNAME MIDDLE NAME LASTNAME STUDENT ID NUMBER

2. DATE OF BIRTH ____/____/____
MM / DD / YYYY

3. GENDER ☐ Male ☐ Female

OFFICIAL TRANSCRIPT ____ copy(s) or UNOFFICIAL TRANSCRIPT ____ copy(s)

☐ 1st Request (Each student is entitled to one transcript free of charge).

☐ 2nd 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: EMAIL ADDRESS:	HOME PHONE: CELL PHONE: WORK PHONE IF ANY:
PURPOSE OF REQUESTING THE TRANSCRIPT OF RECORDS: ☐ Employment ☐ Scholarship Application ☐ Transfer to a four-year institution ☐ Others, please specify: _____	SEND/MAIL TRANSCRIPT TO:
SIGNATURE: _____ DATE ____/____/____ 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 Affairs Office:	
Prepared & Released by: Registrar	