



## TRANSCRIPT REQUEST

Worcester Polytechnic Institute  
Graduate Management Programs  
100 Institute Road  
Worcester, MA 01609-2280  
Phone: 508-831-5218  
Fax: 508-831-5720  
gmp@wpi.edu  
www.mgt.wpi.edu

**TO THE APPLICANT:** Please provide the information requested below and send a copy of this form to each college or university you have attended.

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

To Registrar, \_\_\_\_\_  
*name of college or university*

**I hereby request that an official copy of my transcript be sent to:**

**Graduate Management Program  
Worcester Polytechnic Institute  
100 Institute Road  
Worcester, MA 01609-2280**

\_\_\_\_\_  
*signature* *date*

Applicant's name \_\_\_\_\_  
*last first middle (maiden)*

Address \_\_\_\_\_  
*street city*

\_\_\_\_\_  
*state zip country*

Dates of enrollment from \_\_\_\_\_ to \_\_\_\_\_  
*mo./yr. mo./yr.*

Degree and date conferred (if applicable) \_\_\_\_\_  
*degree mo./yr.*

Major field of study \_\_\_\_\_

**TO THE REGISTRAR:** The above-named person is applying to the Graduate Management Program at Worcester Polytechnic Institute. It would be of great assistance to us if you would provide the information requested below. After completing this form, please attach it to the applicant's transcript. Thank you for your cooperation.

Please include the following information, if available:

Applicant's cumulative G.P.A. \_\_\_\_\_ Mean (average) G.P.A. of graduating class \_\_\_\_\_

Applicant's rank in class \_\_\_\_\_ Total class size \_\_\_\_\_

If you have an explanatory statement of your institution's grading policy, please include it with this form. Use the other side for additional comments.