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| <b>UNIVERSIDAD DEL TURABO</b><br><b>REGISTRARS OFFICE</b><br><b>P. O. BOX 3030</b><br><b>GURABO, PR 00778-3030</b>  |  | <b>ACADEMIC RECORD APPLICATION</b><br>(PLEASE READ CAREFULLY THE NORMS AND INSTRUCTIONS PROVIDED.<br>USE BLUE OR BLACK PEN. IF THERE IS ANY CLAIMS IT IS IMPORTANT TO<br>PRESENT YOUR RECEIPT. |   | LAST 4 NUMBERS<br>SOCIAL SECURITY<br><br>_ _ _ _           |  |
| STUDENT: FIRST & LAST NAME, NAME:   |  |  | STUDENT NUMBER:   |  | TELEPHONE NUMBER:  |
| MAILING ADDRESS:  |  |  | LAST YEAR OF STUDIES _____  |  | ACTIVE STUDENT?  |
| E-MAIL ADDRESS: _____   |  |  | <input type="checkbox"/> AUGUST-DECEMBER <input type="checkbox"/> JANUARY-MAY<br><input type="checkbox"/> JUNE-JULY |  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>UT GRADUATE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STUDENTS SIGNATURE  |  | DATE   |   | DEGREE SEEKING OR AWARDED:                                 |  |
| WRITE NAME & ADDRESS OF THE PERSON, CO. OR INSTITUTION IN WHICH YOUR<br>REQUEST SHOULD BE MAILED. PLEASE APPLY INDIVIDUALLY.<br><br>_____<br>_____<br>_____ |  | <input type="checkbox"/> TECHNICAL CERTIFICATE <input type="checkbox"/> ASSOCIATE<br><input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER <input type="checkbox"/> DOCTORATE      |   | GRADUATION DATE:   |  |
|   |  | ISSUE RECORD:  |   | <b>REGISTRARS OFFICE:</b><br>SENT DATE: _____<br>BY: _____ |  |
|   |  | <input type="checkbox"/> IMMEDIATELY<br><input type="checkbox"/> AFTER CURRENT SESSION<br><input type="checkbox"/> AFTER DEGREE IS CONFERRED   |   | <b>BURSARS OFFICE:</b><br>DATE: _____<br>QUANTITY: _____   |  |
|   |  |  | NUMBER DE COPIES: _____   |  |  |

### ACADEMIC RECORD NORMS AND INSTRUCTIONS

1. The academic record is a confidential document, copies of which we issue only upon request of the student. The Official copies are sent directly from the Institution to the University or Agency designated by the applicant. The Copies that are delivered to the student are for personal use only and thus are recorded in the academic record. To deliver the document to others, will require the written consent of the student and the person designated by the student, present photo identification.
2. Transcripts are not produced for students who have debts with the Institution. Each copy has a cost of six dollars (**\$6.00-NO REEMBOLSABLES**). Payment is made in cash or money order payable to the Universidad del Turabo. Once the payment request must be submitted in the Registra's Office at least two (2) weeks before the date the transcript is needed.
3. Applications must be completed in it's entirely. Applications submitted with incomplete information will not be processed.
4. To make any claim, have a term of ninety (90) days (from the date of application) and must present a copy of the request.

For claims or questions may or write an email to:

Vanessa Peña-Registradora Auxiliar-Oficina de Registraduría-Tel. 787-743-7979 Ext. 4605-e-mail: [vpena@suagm.edu](mailto:vpena@suagm.edu)  
 Maribel Rojas-Registradora Asociada-Oficina de Registraduría-Tel. 787-743-7979 Ext. 4603-e-mail: [ut\\_mrojas@suagm.edu](mailto:ut_mrojas@suagm.edu)  
 Mildred Sosa-Secretaria Administrativa-Oficina de Tesorería-Tel. 787-743-7979 Ext. 4451-e-mail: [ut\\_msosa@suagm.edu](mailto:ut_msosa@suagm.edu)