

# GRADUATE PROGRAM TRANSCRIPT

Sample University    Office of the Registrar

Address    City, State Zip    Phone: (000) 000-0000

**Student Information**

<b>Name:</b>	<b>Student ID:</b>	<b>Date of Birth:</b>
_____	_____	_____
<b>Program:</b>	<b>Major:</b>	<b>Admission Term:</b>
_____	_____	_____

**Academic Record**

Term	Course Code	Course Title	Credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Transcript Summary**

<b>Total Credits Earned:</b>	_____
<b>Cumulative GPA:</b>	_____
<b>Graduation Date:</b>	_____
<b>Degree Awarded:</b>	_____

_____	Registrar
Date: _____	
_____	Department Chair
Date: _____	
_____	Dean
Date: _____	