

# GRADUATE PROGRAM TRANSCRIPT

Sample University Office of the Registrar

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

## Student Information

**Name:**

**Student ID:**

**Date of Birth:**

## Program:

**Major:**

**Admission Term:**

## Academic Record

| Term | Course Code | Course Title | Credits | Grade |
|------|-------------|--------------|---------|-------|
|      |             |              |         |       |
|      |             |              |         |       |

## Transcript Summary

**Total Credits Earned:** \_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Degree Awarded:** \_\_\_\_\_

## Registrar

Date: \_\_\_\_\_

### Department Chair

Date: \_\_\_\_\_

Dean

Date: