



Transcript Request for Institutions other than UNO
(Transcripts are required from each college or university attended)

Institution

Name _____

Address _____ City _____ State ____ Zip/Postal _____

Student

Last Name _____ First Name _____ Middle _____

Date of Birth – Month _____ Day _____ Year _____

Any other names on record

Last Name _____ First Name _____ Middle _____

Social Security Number _____

Dates of Attendance

Month _____ Year _____ to Month _____ Year _____

Please send one (1) official transcript directly to:

University of Nebraska at Omaha
Office of Graduate Studies
203 Eppley Administration Building
6001 Dodge Street
Omaha, NE 68182-0209

I have enclosed the requested transcript fee of _____.

Comments _____

Signature of Student _____ Date _____