



Personal Information

Current Full Name:	Previous Name (if applicable):	
Date of Birth:	Student Number (if known):	
Current Address:	City and Province:	Postal Code:
Email Address:	Phone Number:	
Program Name:	Major(s)/Minor(s):	Year of Graduation:

Transcript Request

Transcripts are \$15.00 each. Please submit a different request form for each recipient

☐ I require a printed transcript

Number of printed transcripts: _____

Transcript Delivery Method

<input type="checkbox"/> For pick up at Student Central	<input type="checkbox"/> Send by regular mail to address below	<input type="checkbox"/> Courier to address below (no P.O. Boxes) (\$15 Winnipeg; \$25 Canada; \$45 US; \$80-115 International) Contact phone number: _____
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Mailing Address: _____

Instructions for Preparation

Final term results are added to a student's record in late January, late May and late August.

If there are other results, e.g. Deferred Exams to be included, please specify below.

Select one of the following:

<input type="checkbox"/> Process immediately (available in approximately 3-5 business days) <input type="checkbox"/> I require notification once the transcript has been sent (\$1.00 fee)	<input type="checkbox"/> Hold for Results after <input type="checkbox"/> Fall Term <input type="checkbox"/> Winter Term <input type="checkbox"/> Spring/Summer Term	<input type="checkbox"/> Hold until Convocation in <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> February
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Special Instructions: _____

Please continue to page 2 of the form



*Please read and sign below before submitting

1. Transcripts are normally completed within three to five working days. In special cases and during busy periods the time may be seven to ten working days.
2. Transcripts are not prepared until the fee for this service is paid in full.
3. No transcript will be issued until all applicable holds have been removed and all of the student's unpaid accounts with all University departments have been settled.
4. Photo ID must be presented when picking up transcripts.
5. I understand that no one may pick up or order my transcript(s) without my written and signed consent.
6. This transcript will include all Undergraduate and Graduate courses taken. This does not include courses or programs taken through Professional, Applied & Continuing Education (PACE) program (formerly Division of Continuing Education); the Collegiate, or the English Language Program. Separate requests must be made to each of these areas.

*Student's Signature

(Must be signed. Script fonts not permitted)

I, _____

have read and understand the above terms.

Payment Information

- ☐ Cash or debit (in-person at Student Central only)
- ☐ Cheque made payable to The University of Winnipeg

- ☐ Visa or Mastercard

Credit Card number: _____

Expiration Date: _____

*Cardholder's Signature

(Must be signed. Script fonts not permitted)

For Office Use Only

Receipt #: _____

Date and initials: _____

Notes: _____

Amount received: _____

Last term attended: _____

Holds: _____

Revised July 2024