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School of Public Health  
MMC 819, A395Mayo

A395 Mayo Memorial Building

420 Delaware St. SE

Minneapolis, MN 55455

**Temporary Waiver of Official Transcript**

I am requesting temporary registration permission for one semester only, although my letter of admission states that an official transcript showing my coursework and/or the award of my degree(s) is required prior to registration.

* I understand that this temporary registration permission allows me to register for one semester only, and that I must provide the required official transcripts.
* I understand that a hold will be placed on my record to prevent registration for any future semesters. The hold will be removed upon receipt of the official transcript(s).
* I acknowledge that I will be dismissed from the program by the end of the 2nd wk of the following term, if an official transcript is not submitted to Student Services Center.

*The following official transcript(s) are still required. I certify that I have completed/will complete:*

**Date degree will**

**Degree: University: be granted:**

|  |  |  |
| --- | --- | --- |
| * Bachelors |  |  |
| * Other |  |  |

Non University of Minnesota transcripts (from other universities):

The official transcript **must be sent directly from the degree granting institution** to the Student Services Center (address at the top of this document). Transcripts from foreign institutions must have their transcript(s) evaluated by World Education Services (WES) <http://www.wes.org/students/>. Designate the University of Minnesota School of Public Health as the recipient of your WES evaluation. WES will notify us once the evaluation is completed. Note: WES may take 3 – 8 weeks to process your transcript, so plan accordingly.

University of Minnesota transcripts:

University of Minnesota students must contact the School of Public Health Student Services Center when the award of the degree appears on their unofficial transcript. The Student Services Center will then remove the hold.

|  |  |  |
| --- | --- | --- |
| Last, First Name (Please Print or type): | Student ID: | Date: |
| Student Signature: This waiver is effective for:  Term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Please return this completed form to your Program Coordinator**

*For Office Use Only:*

|  |  |  |
| --- | --- | --- |
| Approved by (Program Director): | Signature: | Date: |
| Approved by (Associate Dean): | Signature: | Date: |
| Program Coordinator | Signature: | Date: |
| Student Services Center | Signature: | Date: |