

Women's Institute of Torah Seminary/MAALOT Baltimore

6602 Park Heights Avenue • Baltimore, Maryland 21215

T 410-358-3144 • F 866-990-1983

info@wits.edu • www.wits.edu



REQUEST FOR WITS TRANSCRIPT

- Complete **ALL** sections of this form. **Please print clearly.**
- **NO** transcript will be issued unless this form is filled out legibly and is accompanied by payment.
- Fee is payable by **CASH, CHECK** or **CREDIT CARD**.
- Requests will not be processed if there is a tuition balance with any MAALOT/Neve Yerushalayim Institution.

Student Last Name	Student Legal Name	Name Called By	Student Maiden Name
Today's Date	Date of Birth (Ex.: January 01, 1990)	Social Security Number (last four digits only)	
Email Address	Cell Number	Telephone Number	

CHECK HERE IF YOU WOULD LIKE TO USE MARRIED NAME ON TRANSCRIPT.

TRANSCRIPT FEES:

P/U or ST Pick-Up or Standard: \$10 per transcript
 OV Overnight (within the United States): \$40 per transcript
 Student (unofficial) transcripts: No Charge

ADDRESS OF PARTY TO WHOM OFFICIAL TRANSCRIPT SHOULD BE SENT.

DATE DUE P/U ST OV

Graduate Field of Study (Speech, OT, Nursing, etc.): _____

Name of School: _____

Attention: _____

Address: _____

City/State/Zip: _____

- Courses for which MAALOT does not have external transcripts (i.e., CCBC, TI, CLEPs, etc.) will not be included on the official transcript.
- Transcript requests must be submitted at least three weeks prior to the application due date. If a request is submitted after this deadline, there is no guarantee that the transcript will arrive before the application due date.

Student Signature: _____

FOR OFFICE USE ONLY:	Amount Paid: _____	Date Issued: _____	<input type="checkbox"/> P/U	<input type="checkbox"/> ST	<input type="checkbox"/> OV
-----------------------------	--------------------	--------------------	------------------------------	-----------------------------	-----------------------------