



**Wichita State University - Graduate School
Transcript Request Form**

**1845 Fairmount
Wichita KS 67260-0004**

Applicants should mail this request, with appropriate fees, directly to the institution where academic work was completed.

Name of College or University

Student's Last Name First Name Middle

Mailing Address

Other Names

Mailing Address

ID Number or SSN

City State Zip

Mailing Address

In order to support an application for admission to the Graduate School at Wichita State University, this student requests that two (2) official transcripts of their work at your institution be forwarded in sealed envelopes to Wichita State University, 1845 Fairmount, Wichita KS, 67260-0004.

City State Zip