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

Mailing Address

Mailing Address

City State Zip

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.

Student's Last Name First Name Middle

Other Names

ID Number or SSN

Mailing Address

City State Zip

Revised: 9/01