CUNY School of Medicine

The City College of New York

VSAS (Visiting Student Application Service) OFFICIAL TRANSCRIPT REQUEST FORM

Instructions:

- We recommend that you review your CSOM transcript in CUNYFIRST to confirm your record is accurate before submitting a transcript request.
- Official medical school transcripts **are only sent electronically** to host medical institutions as part of the VSAS application process.
- Requests will not be processed without the signature of the student.
- Official transcripts will not be released to students.
- If there is a **HOLD** on your record, this request **will not** be processed.
- Please send completed request form (include your last, first name in the title of the document) to the M4coordinator@med.cuny.edu
- Allow 2-3 business days for processing and upload to VSAS.
- This form only needs to be completed once.

Last Name	First Name	Middle Initial
EMPL ID	Date of Birth:	
Address:		
Citymail:	Phone number:	

I request and give my permission to release my academic transcripts to be included as part of **any VSAS applications that I submit for 4**th **year visiting student electives**.

Student's Signature:

Date signed: