



Continuing and Professional Studies

160 Convent Avenue
Shepard Hall, Room 2
New York, NY 10031

TRANSCRIPT REQUEST CONTINUING AND PROFESSIONAL STUDIES NON-CREDIT COURSE(S)

Complete this form if you need a copy of your transcript.

Transcript request forms can be submitted via

- Fax: 212-650-6614
- Email: ace@ccny.cuny.edu
- In person: City College Campus, 138th at Convent Avenue, Shepard Hall, Room 2
- Mail: CPS at the address listed above (Attn: Transcript Request)

For more information call 212-650-7312

Please Note: Certificates are processed within 7-10 business days after the request form is received and once the student has satisfactorily completed the course and/or certificate program. Requests are reviewed to assure that all obligations to the college have been met.

Please complete the following:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: (____) _____

Other Phone: (____) _____

COURSE(S) OR CERTIFICATE PROGRAM NAME	DATE OF COMPLETION OR SEMESTER
1.	
2.	
3.	
4.	
5.	

For **Additional Courses**, please check and list using the **back of this page**.

For Office Use Only:	
Date Received _____	Initials: _____
Advisor Initials _____	Date Transcript Sent: _____ Mailed / Pick Up (circle one)

COURSE(S) OR CERTIFICATE PROGRAM NAME	DATE OF COMPLETION OR SEMESTER
6.	
7.	
8.	
9.	
10.	