



OFFICE OF CONTINUING EDUCATION AND CONFERENCES

CONTINUING EDUCATION PROGRAMS
TRANSCRIPT LETTER REQUEST FORM

THIS FORM TO BE USED FOR NONCREDIT (CEU & NCCP) AND PROFESSIONAL DEVELOPMENT TRANSCRIPT LETTER REQUESTS ONLY.

Please Type or Print in Black or Blue Ink Only • Hand written forms that are illegible will not be processed.

TRANSCRIPT FEE: \$10.00 (NON-REFUNDABLE) • Please allow 3-4 business days for processing.

Student ID:\* \_\_\_\_\_ Dates of Program Participation: \_\_\_\_\_
\*Student ID and social security number are often identical. (Month/Year) From To (MM/YY) (MM/YY)

Name: \_\_\_\_\_
Last First MI

Other names used while participating in USC Continuing Education Programs

Address: \_\_\_\_\_
Street or P.O. Box

City State Zip

( ) Telephone Email

I certify that I am the above named individual requesting my Noncredit transcript.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INTERNAL USE ONLY
DATE \_\_\_\_\_ MTH \_\_\_\_\_ \$ \_\_\_\_\_ APPVL \_\_\_\_\_ A \_\_\_\_\_ CC4 \_\_\_\_\_ Exp \_\_\_\_\_

RETURN COMPLETED FORM AND TRANSCRIPT FEE PAYMENT TO:

Continuing Education and Conferences
University of South Carolina
1600 Hampton Street, Suite 403
Columbia, SC 29208
Credit Card payments only can be faxed to: (803) 777-2663

TRANSCRIPT FEE: \$10.00 (NON-REFUNDABLE)

Payment Enclosed: [ ] Check/Money Order (Made Payable to USC) [ ] Visa [ ] Mastercard [ ] Discover [ ] American Express

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CVV Number: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do not scan and email this form with credit card information. It is not secure and will not be accepted.