



CONTINUING EDUCATION PROGRAMS TRANSCRIPT LETTER REQUEST FORM

academic enrichment
and conferences
university of south carolina

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: _____

RETURN COMPLETED FORM AND TRANSCRIPT FEE PAYMENT TO:

Academic Enrichment & Conferences
University of South Carolina
1600 Hampton Street Annex, Suite 208
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

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Cardholder Signature: _____

INTERNAL USE ONLY

RCVD _____ MTH _____ APRVL _____ A _____ RFD _____