LEHMAN COLLEGE CONTINUING EDUCATION

NON-CREDIT Transcript Request Form

NOTE: THIS FORM IS ONLY FOR NON-CREDIT CERTIFICATE COURSES. IF YOU ATTENDED MATRICULANT OR NON-MATRICULANT COURSES, THIS IS THE WRONG FORM. For more info. go to http://www.lehman.edu/provost/registrar/registrar.html .

Directions: Complete all required information and ***return form with $4.00*** (check or money order paid to "Lehman College") ***for each transcript*** you require.
Note: Transcript(s) will be processed within 4-6 weeks when a student has satisfactorily completed a course and/or program and has met all obligations due to the college.

1. Return form and fee(s) to:

Lehman College Continuing Education
Carman Hall, room 129
250 Bedford Park Boulevard West
Bronx, New York 10468-1589

2. Please complete *all* of the following information: (If information is incomplete, it may delay transcript processing. If you attended prior to 1992, the "Semester started/completed" is especially important. Questions: call the Registrar above at (718)960-8077.)

- Name:_____
  First Name Maiden Last Name
- Social Security #:_____
- Home street address:_____ Apt. #:_____

  City:_____ State:_____ Zip:_____
- Day phone #: (_____)_____-_____Ext:_____
- **Non-credit Course/Program Title(s) completed:**_____
- Semester *started*:_____ Semester *completed*:_____

3. Forward _____ transcript(s) *at $4.00 each* to the following:

1. The student (see address above). Indicate # transcripts to be sent to student:_____
2. Name and Address:_____

   _____
3. Name and Address:_____
   _____

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For Office Use only: Fee(s) paid:_____ Date Received:_____ Date Sent:_____