



# VCU

## Health Sciences Pipeline

### VCU Health Sciences Pipeline Programs

#### Transcript Request Form

**Section I: (To be completed by the applicant)**

The following information must match the information that you have supplied on your VCU Pipeline online application. Please complete this section fully before providing it to your registrar's office or institution.

**FULL NAME (Last, First, Middle Initial)** \_\_\_\_\_

**Date of birth (mm/dd/yyyy):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Program for which you are applying:** \_\_\_\_\_

**Institution Name:** \_\_\_\_\_

***Instructions to the academic institution:***

Applicants applying to select VCU Health Sciences Pipeline programs must submit official transcripts from their current/most recent institution. To be considered official, transcripts must be mailed in their original sealed envelope, or sent digitally from the student's institution via a data warehouse or other electronic method. Institutions may mail the transcript or provide one to the student to forward. No digital transcripts are accepted from students.

Mailing address for transcripts:

VCU Pipeline Programs  
Box 980006  
Richmond, VA 23298

Email address for digital transcript access:

or

[pipelineapp@vcu.edu](mailto:pipelineapp@vcu.edu)

If you have questions about this form, please contact the VCU Pipeline Team at [pipelineapp@vcu.edu](mailto:pipelineapp@vcu.edu) or 804-827-0982.

[www.dhsd.vcu.edu](http://www.dhsd.vcu.edu)