



**OFFICE OF THE REGISTRAR
HOW MAY WE HELP YOU?**

Please complete the following information. Leaving requested information blank results in processing delays. Please allow up to **2 BUSINESS DAYS** for processing once received. **If you would like to request an Official Transcript, please complete the Transcript Request Form, NOT the How May We Help You Form.**

- Enrollment Verification** (Confirms Enrollment Status, Good Standing, Dates of Attendance, etc. – can be e-mailed)
- Form Provided Verification** (Enrollment verification form provided by you, the student, for completion)
- Certified Copy of Diploma** (Can be e-mailed) If dual-degree, please indicate program(s) requested _____
- Malpractice Insurance Letter** (Generally Required for Away Electives - can be e-mailed)
- MSPE Letter** (Letter **cannot** be sent to students, please provide delivery info below – **CANNOT e-mail**)
- National Board Scores** (Subject Examinations): _____
- Rotation Evaluation(s):** _____ (ex: MEMED-502 General Medicine Sub-Internship, 7/1-7/31)
- Other** (Please Explain): _____

STUDENT INFORMATION (Please Print)				
NAME			BCM ID	
LOCAL MAILING ADDRESS		CITY	STATE	ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER	EMAIL ADDRESS		
ACADEMIC PROGRAM:	<input type="checkbox"/> MD	<input type="checkbox"/> MD/PHD	<input type="checkbox"/> MS-GC	<input type="checkbox"/> MS-PA
	<input type="checkbox"/> GRAD	<input type="checkbox"/> DNP	<input type="checkbox"/> MS-OP	<input type="checkbox"/> TROPICAL MEDICINE
DATES OF ATTENDANCE (I.E. First Month/Year & Last Month/Year)		GRADUATION DATE		

HANDLING INFORMATION (Please Print)	
<input type="checkbox"/>	HOLD for pickup. (You will receive an email when your documents are available for pickup)
<input type="checkbox"/>	Please MAIL to the Following Address:
<input type="checkbox"/>	Please E-MAIL to the Following Address:
_____ _____ _____ _____	
SIGNATURE: _____	DATE: _____
<i>(Written Signature Required. NO Electronic Signatures Will Be Accepted.)</i>	

SUBMIT COMPLETED REQUEST TO:
 Baylor College of Medicine, Office of the Registrar
 One Baylor Plaza | Mail Stop: BCM365 | Houston, TX 77030
 Phone: (713) 798-7766 | Fax: (713) 798-1518 | Email: registrar@bcm.edu

FOR OFFICE USE ONLY	
RECEIVED DATE/INITIALS: _____	STUDENT INITIALS IF PICKED UP: _____
PROCESSED DATE/INITIALS: _____	DATE: _____