

# **Envirovet Summer Institute Transcript Request Form**

**Fill in your name and address and send one transcript request to the registrar of each institution you have attended. Be sure to include your current address on each request.**

**APPLICATION DEADLINE: 1 March, 2010**

**Class size is limited and complete applications are considered in the order received.**

**Registrar: Please send a transcript of academic record of**

**Student ID number:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Last First Middle**

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

**Signature of Student:** \_\_\_\_\_

**Please send transcript to**

**Director, Envirovet Program  
Department of Veterinary Biosciences  
College of Veterinary Medicine  
University of Illinois at Urbana-Champaign  
2001 South Lincoln Avenue  
Urbana, IL 61802  
FAX: 217.244.1652**