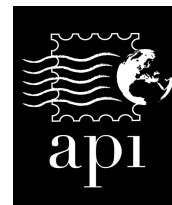


ACADEMIC PROGRAMS INTERNATIONAL ADDITIONAL TRANSCRIPT REQUEST FORM



Argentina, Costa Rica (Universidad de Costa Rica ONLY), England, France (Institut
Catholique, Stendhal, & GEM ONLY), Hungary, Ireland, Mexico, Poland & Spain

All transcript requests must be made in writing and payment must be received in advance of any mailings. Only students whose balances have been paid in full are eligible to request additional transcript copies.

This completed form can be returned to API by fax, mail or email (must be a scanned original):

301 Camp Craft Road, Suite 100
Austin, TX 78746
Fax: (512) 600-8999
transcripts@apistudyabroad.com

Transcript Costs:

Service	Expedited	Standard	Economy*
Processing time	5 business days from API date of receipt	10 business days from API date of receipt	10 business days from API date of receipt
Mailing method	Overnight express delivery (tracking number provided)	Certified mail (tracking number provided)	Standard mail
Cost**	\$40 for the first transcript to each address \$5 for each additional transcript to the same address	\$20 for the first transcript to each address \$5 for each additional transcript to the same address	\$10 for the first transcript to each address \$5 for each additional transcript to the same address

*Economy service can only be requested if transcripts are sent directly to the student, rather than to a university.
**Fees listed apply only to transcripts sent within the United States. Please call API for international shipping fees.

Ordering Information:

Name: _____

Program/Term/Year: _____

(e.g., Granada – Hispanic Studies Spring 2008)

Current Phone: _____

Current Email: _____

Send Transcripts to:

Address 1

Address 2

Number of Copies: _____

Service: Expedited
 Standard
 Economy

Number of Copies: _____

Service: Expedited
 Standard
 Economy

Calculating Your Total

	Cost
Address 1	
Address 2	
Grand Total	

Payment Method

- Check enclosed.
 Charge my credit card for the amount of _____.

CARD TYPE: Visa MasterCard

CARD NUMBER:

EXPIRATION DATE (MM/YY):

NAME AS IT APPEARS ON THE CARD:

BILLING ADDRESS:

CITY, STATE, ZIP:

I, the undersigned, authorize Academic Programs International (API) to charge my account the amount indicated above. I agree to pay above amount according to the card issuer agreement.

SIGNATURE OF CARDHOLDER:

Transcripts will not be released without the student's signature. Requests by persons other than the student will not be honored.

Student's signature:

Date:
