



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, once received for processing. 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)
Certification of Baylor Medical School Diploma (Photo Copy - can be e-mailed)
Malpractice Insurance Letter (Generally Required for Away Electives - can be e-mailed)
MSPE Letter/Dean's Letter (Letter cannot be sent to students, please provide delivery info below - CAN'T 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, LOCAL MAILING ADDRESS, CITY, STATE, ZIP CODE, DATE OF BIRTH, TELEPHONE NUMBER, EMAIL ADDRESS, ACADEMIC PROGRAM: MD, MD/PHD, MS-GC, MS-PA, GRAD, DNP, MS-OP, TROPICAL MEDICINE, DATES OF ATTENDANCE (I.E. First Month/Year & Last Month/Year), GRADUATION DATE

HANDLING INFORMATION (Please Print)
HOLD for pickup. (You will receive an email when your documents are available for pickup)
Please MAIL to the Following Address:
Please E-MAIL to the Following Address:

SIGNATURE: DATE:
(Written Signature Required NO Electronic Signatures Will Be Accepted)

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: