

Transcript Request Form

Please forward an official transcript to:

Enrollment Processor

Miami International University of Art & Design

1501 Biscayne Boulevard

Miami, Florida 33132



305.428.5700 | 800.225.9023



LAST NAME	FIRST	MIDDLE/MAIDEN	____ / ____ TO ____ / ____	SOCIAL SECURITY NUMBER	____ / ____ / ____
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SIGNATURE	_____ DATE OF BIRTH	____ / ____ / ____
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_____ Name of high school or college attended
_____ Address
_____ City, State, Zip Code

Office Use
First Request _____
Second Request _____
Received ____ - ____ - ____

Applicant:

Please complete this form and return it with your application for admission.

You must fill out a separate form for each school or college you have previously attended.