

### Step 1: Select Alumni/Former Students

## Step 2: Type in the info and select “Continue”

If the following only appears then please contact the registrar’s office: registrar@sn.rutges.edu or 973-972-5531

RUTGERS

Transcript System

HOME

ADMINISTRATION

LOG OUT

RUTGERS UNIVERSITY TRANSCRIPT APPLICATION

Rutgers Former Students

Rutgers University Transcript and Verification Request Application allows all Alumni/Former Rutgers students to submit requests for official transcripts, verifications of enrollment, or term grade reports on line.

Alumni/Former Students

[Official Transcript](#)

[Official Verification](#)

[Term Grade Report](#)

[Get Instant Enrollment Verification](#)

Step 3: Select “Official Transcript” in the RBHS Students section

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HOME

ADMINISTRATION

LOG OUT

RUTGERS UNIVERSITY TRANSCRIPT APPLICATION

Rutgers Students

Rutgers University Transcript Application allows all current Rutgers students to submit requests for official transcripts on line.

[Official Transcript](#)

[Official Verification](#)

[Term Grade Report](#)

[Get Instant Enrollment Verification](#)

RUTGERS BIOMEDICAL AND HEALTH SCIENCES Students (formerly UMDNJ)

RBHS Students Transcript Request Application allows all current RUTGERS BIOMEDICAL AND HEALTH SCIENCES students to submit requests for official transcripts.

If you attended or attend the following schools:

Biopharma Educational Initiative

Graduate School of Biomedical Sciences

New Jersey Medical School

Robert Wood Johnson Medical School

Rutgers School of Dental Medicine (NJDS)

School of Health Related Professions

School of Nursing

School of Public Health

RBHS Students

[Official Transcript](#)

### Step 4:

- Your name and School will appear in the Personal Information section
- Select the “School of Nursing”
- Select the “Delivery Method”: Mail or Pick Up
- Select the number of copies
- Provide your E-mail or Phone for communication/confirmation when your request is processed. E-mail is preferred

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HOMEADMINISTRATIONLOG OUT

RUTGERS UNIVERSITY TRANSCRIPT APPLICATION

Personal Information

Graduate Health Sciences - Newark

Transcript Options

Please enter any comments or special instructions below:  
Students who require licensing documentation to be sent along with transcripts must fax the licensing documents to their respective registrar's office.  
Please contact your registrar's office to verify if your supplemental documents have been received.  
  
Please do not use this box for entering mailing addresses! You will be able to request a transcript to be sent to a different address later.  
  
Note (If applicable): RUTGERS BIOMEDICAL AND HEALTH SCIENCES (formerly UMDNJ)  
Students who also want their RUTGERS Transcripts must go to the previous page.  
[Please click this link to go back to the previous page.](#)

School/Delivery Options

Please select the school you would like to produce a transcript for

☐ Biopharma Educational Initiative

☐ Rutgers School of Dental Medicine (RSDM)

☐ Graduate School of Biomedical Sciences

☐ School of Health Related Professions

☐ New Jersey Medical School

☒ School of Nursing

☐ Robert Wood Johnson Medical School

☐ School of Public Health

If you are mailing to multiple locations you must create separate requests.

Delivery method: [View Pickup Locations](#)

Mall

Number of copies for the selected delivery option:

1

Contact Information

Please tell us how to contact you if we have questions about your request. Either your email address or phone number is required.  
(Note: If you supply your email address we will notify you when your transcript is processed.)

EmailPhoneOR(Numbers Only)

Continue

For questions or comments about this site, contact Registrar's office at one of these locations  
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## Step 5:

If you selected the mail option in the “Delivery Method” then the option below will appear. Fill in the mailing address

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### TRANSCRIPT REQUEST: MAILING ADDRESS

**Personal Information**

Graduate Health Sciences - Newark

**Mailing Address**

\* Name

\* Address1

 Ex. 123 Ocean Ave

Address2

 Ex. Suite 1F Apt 2G

\* City, State Zip

\* Required

Enter

For questions or comments about this site, contact Registrar's offices [at one of these locations](#)  
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## Step 6: The confirmation will be provided below with the mailing address

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### TRANSCRIPT REQUEST CONFIRMATION

**TRANSCRIPT Information**

The request for 1 Transcript(s) for  has been received on Mar 10, 2017 .

Delivered Option: Mail

To: 

Please print this page for your records.

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## Step 7:

If you selected the Pick Up option in the “Delivery Method” then the option below will appear with your name and in the Delivered Option the School of Nursing will be stated.

The transcript can be picked up at the Office of the Registrar during office hours (M-F 8:30A.M to 5P.M.) once you receive the e-mail with confirmation that the request was processed.

Office of the Registrar  
School of Nursing  
Rutgers, The State University of New Jersey  
65 Bergen Street, SSB 618  
Newark, NJ 07107

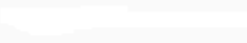
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TRANSCRIPT REQUEST CONFIRMATION

**TRANSCRIPT Information**

The request for 1 Transcript(s) for  has been received on Mar 10, 2017 .

Delivered Option: 

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