



THE LANDSCAPE INSTITUTE

Arnold Arboretum of Harvard University

29 Garden Street • Cambridge, MA 02138

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Transcript Request Form

Please enclose \$5 for each official transcript that you would like sent. Make checks payable to the **Arnold Arboretum**. Fill out the form completely.

Name _____ Date _____

Number of Transcripts Requested _____ Type of Payment & Amount _____

Has your name changed since you last attended Yes No

If so, what was your former name? _____

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What kind of transcript are you requesting? *Official Transcript**
 Grade Report for previous semester (*free*)

Semester(s) and Year(s) you attended the program _____

Where would you like the transcripts sent (include complete address; if more than 3 copies, include additional addresses on back of page)?

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Any additional instructions for the Registrar: _____

Send the completed form to: *Registrar, Landscape Design Program, Arnold Arboretum of Harvard University, 29 Garden Street, Cambridge, MA 02138*. If you have questions, call 617-495-4729.

*Official transcripts receive the registrar's seal.

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