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STUDENT INFORMATION

Last/Family Name:			First Name (Legal):			Middle Name (Legal):				
MRU Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth: Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	
MRU Email:				Phone (cell):				Phone (home):		

TRANSCRIPT INFORMATION

Send Immediately
 Hold for Final Grades (*choose one*)
 Fall (Sept. – Dec.)
 Winter (Jan. – April)
 Spring (May – June)
 Summer (July – Aug.)

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STUDENT SIGNATURE: _____

DATE: _____

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METHOD OF PAYMENT

<input type="checkbox"/> Debit (in-person only)		
<input type="checkbox"/> Visa	Card Number:	Expiry Date:
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