

RBHS Alumni/Former Students Transcript Request Process

Step 1: Select Alumni/Former Students

RUTGERS Transcript/Enrollment Certification & Term Grade Report System

HOME ADMINISTRATION LOG OUT

RUTGERS UNIVERSITY TRANSCRIPT, VERIFICATION and TERM GRADE REQUEST APPLICATION

All Rutgers Students

[Current Student](#) (Please Log in using Net ID)

[Alumni/Former Students](#) ←

Rutgers Administration

[Registrar's Office Staff](#) (Please Log in using Net ID)

For questions or comments about this site, contact Rutgers Registrar's offices [at one of these locations](#)
Or the Rutgers Biomedical and Health Sciences (formerly UMDNJ) [at one of these locations](#)
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Step 2: Type in the info and select "Continue"

RUTGERS Transcript System

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RUTGERS UNIVERSITY TRANSCRIPT APPLICATION

i If applicable, there will be a payment fee of \$7 per Transcript.

Personal Information

i You will need to supply your Social Security number Rutgers Id or RUTGERS BIOMEDICAL AND HEALTH SCIENCES (formerly UMDNJ) Id. The information you enter on this screen will only be used to look up your record in Rutgers University databases. If you are using your Social Security to login, your Social Security number will not be given to anyone outside of Rutgers University. Your personal information will be treated in accordance with The Family Education Rights and Privacy Act (FERPA). Please read the following [statement regarding FERPA](#) before proceeding.

NOTE: If you do not have a social security number, Rutgers Id or RUTGERS BIOMEDICAL AND HEALTH SCIENCES (formerly UMDNJ) ID, or you are not willing to supply it, you will not be able to request a transcript through this system.
To request a RBHS transcript, please download [this form](#), and mail it to the Registrar's office.
To request a Rutgers transcript, please download [this form](#), and mail it to the Registrar's office.

* First Name * Last Name

* Date of Birth (MM/DD/YYYY) Please enter the year you graduated ex. 2004

i Please enter the Rutgers student id or RUTGERS BIOMEDICAL AND HEALTH SCIENCES (formerly UMDNJ) ID, or the Social Security number.
Student Id or SSN is required. Students who do not know their Id can find it out by calling one of the Registrar's Offices

** Id ** SSN

OR

* Required ** SSN or ID is Required

Continue

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Or the Rutgers Biomedical and Health Sciences (formerly UMDNJ) [at one of these locations](#)
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If the following only appears then please contact the registrar's office: registrar@sn.rutges.edu or 973-972-5531

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

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



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

- | | |
|--|--|
| <input type="radio"/> Biopharma Educational Initiative | <input type="radio"/> Rutgers School of Dental Medicine (RUCS) |
| <input type="radio"/> Graduate School of Biomedical Sciences | <input type="radio"/> School of Health Related Professions |
| <input type="radio"/> New Jersey Medical School | <input checked="" type="radio"/> School of Nursing |
| <input type="radio"/> Robert Wood Johnson Medical School | <input type="radio"/> School of Public Health |

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

Delivery method: [View Pickup Locations](#)

Mail

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.)

Email OR Phone (Numbers Only)

Continue

Step 5:

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

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

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

RUTGERS Transcript System
HOME ADMINISTRATION LOG OUT

TRANSCRIPT REQUEST CONFIRMATION

TRANSCRIPT Information

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

Delivered Option: [redacted]

Please print this page for your records.

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