

[◀ BACK](#)

Item Details

[CANCEL ×](#)

**Boston University Transcript**  
For: [REDACTED]

**FROM**  
Boston University  
Boston, MA

**TO**  
Texas Medical & Dental School  
Application Service

Delivery Method: **Electronic**

Credential Fee: \$8.00

Item Total: \$8.00

**\* Purpose**

☒ Admission

Would you like to add an attachment file? (optional)

Add An Attachment

Please review the information below pertaining to the type of consent that is required to complete this order.

Sign here with mouse or finger

Clear Signature

Type full name as signed above

First Name

\*

Middle Name

Last Name

\*

\* ☐

I consent to the disclosure of the credentials and any provided attachments to the delivery recipient, each as I've selected above, and for the purpose identified by me above.

CONTINUE



All items marked with a red asterisk are required to submit this form.