TRANSCRIPT REQUEST

THIS FORM is for all Resident Students of Marine Corps University

EWSDEP and CSCDEP should request an official transcript through MarineNet:
https://www.marinenet.usmc.mil

All other USMC schools: obtain SMART transcript at: https://smart.navy.mil

Student Information:

Last Name: ___________________ First name: ___________________

Other Names used: ______________________________ Contact Number: ____ ____-____

SCHOOL(S) ATTENDED:

☐ Marine Corps War College Year graduated: _____

☐ School of Advanced Warfighting Year graduated: _____

☐ Command and Staff College Year graduated: _____

☐ Expeditionary Warfare School Year graduated: _____

Send Transcript To:

To: _____________________________________________________________________________

Attn: _____________________________________________________________________________

Street Address: ___________________________________________________________________

City: ____________________ State: ___________ Zip: __________________

Signature/Date (required):

Submit request:

SCAN form and EMAIL to: mcu_registrar@usmcu.edu

OR

MAIL form to: MARINE CORPS UNIVERSITY
(ATTN: REGISTRAR)
2076 SOUTH STREET
QUANTICO, VA  22134-5067

QUESTIONS: Email: mcu_registrar@usmcu.edu
Call: COMM: (703) 432-5503 or Fax (703) 432-4563; DSN prefix: 278