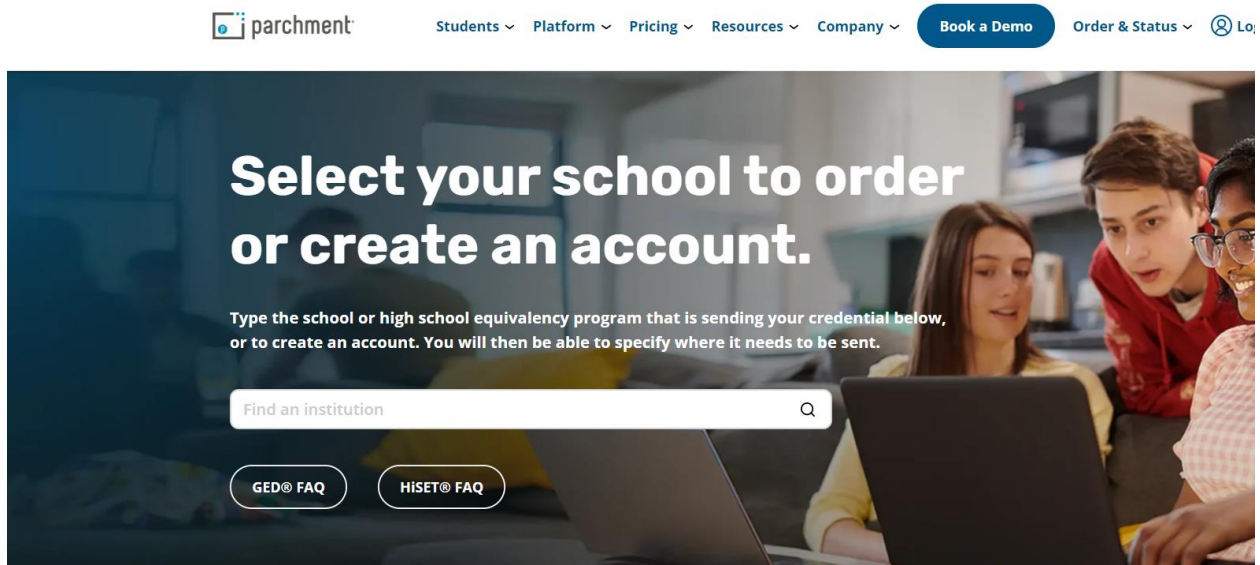
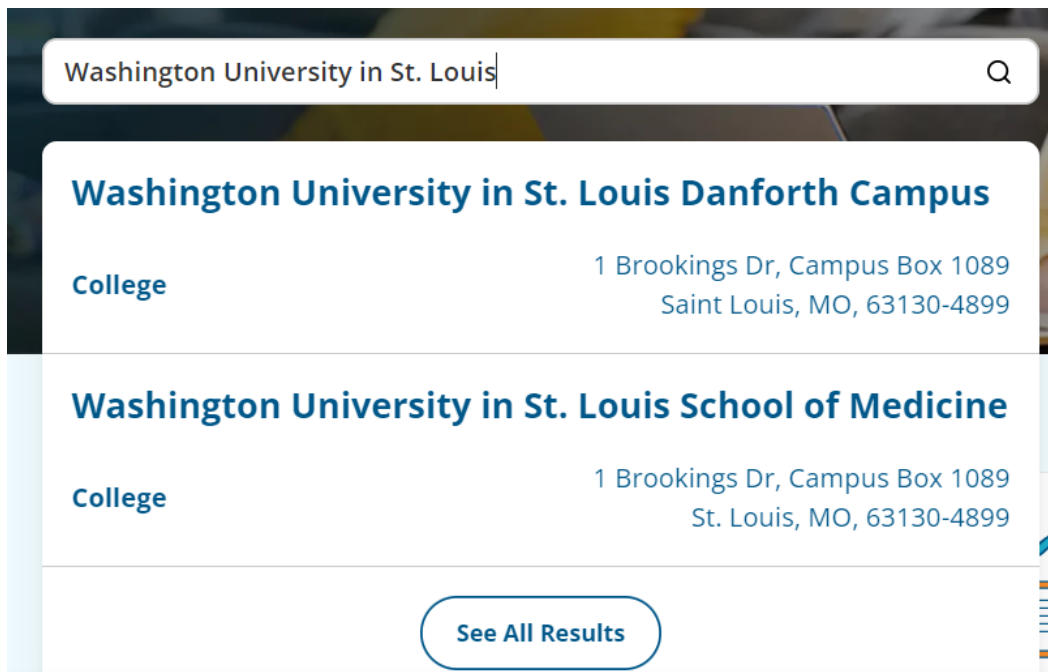


Navigate to Parchment.com. From the menu, select Order & Status. Then Student/Parent Order from the drop down.

In the Find an institution search box, type in Washington University in St. Louis



Select the School of Medicine




Office of the Registrar

The default will be ordering your own credentials or academic records


In the Start Here box, enter your email address

Learner Account




Washington University In St. Louis
1 Brookings Dr, Campus Box 1089, St. Louis, MO, 63130-4899, US

OR



Ordering your own credentials
or academic records



Ordering on behalf of
someone else

A MESSAGE FROM WASHINGTON UNIVERSITY IN ST. LOUIS SCHOOL OF MEDICINE

Welcome to Parchment. We're offering this service to make ordering and delivering transcripts easier. This site is ONLY for students ordering transcripts from WUSM programs; students in Danforth Campus programs should go to the Washington University in St. Louis institution ordering page.

START HERE - ENTER YOUR EMAIL ADDRESS

* Email

Continue

* All items marked with a red asterisk are required

By signing up you agree to the Parchment [terms of use](#) and [privacy policy](#).

Office of the Registrar

If you have never ordered with the email entered, you will be prompted to enter your contact information and create an account. Otherwise, you will see page 4 as your next screen

ENTER YOUR PERSONAL INFORMATION

| | | |
|------------------|----------------|-----------------|
| * First Name | Middle Name | * Last Name |
| * Month Of Birth | * Day Of Birth | * Year Of Birth |

* Highest Level Of Education

ENTER YOUR CONTACT INFORMATION

* Cell Phone

✓ United States of America

* Address 1

Address 2

| | | |
|--------|------------------|---------------|
| * City | * State/Province | * Postal Code |
|--------|------------------|---------------|

CHOOSE A PASSWORD

| | |
|------------|-------------------|
| * Password | * Retype Password |
|------------|-------------------|

CREATE ACCOUNT & CONTINUE

* All items marked with a red asterisk are required.

By signing up you agree to the Parchment [terms of use](#) and [privacy policy](#).





Office of the Registrar

If you are a Doctor of Medicine student, choose the WUSM MD Program Transcripts box

If you are a Doctor of Dental Medicine, choose the Dental School Transcript box

If you are in any other School of Medicine program outside of the above programs, choose the Allied Health Transcript

****If you are a MD student who earned a dual degree such as the MD/PhD and need a complete transcript, choose the Allied Health Transcripts option. Otherwise to obtain just a MD only transcript, choose the MD Program Transcript option**

| Available Credentials | | CANCEL x |
|---|--|-----------------------|
|  | The following credentials are available from Washington University in St. Louis School of Medicine. Start your order by selecting a credential listed below (you can add more later) | |
|  | WUSM: MD Program Transcripts Records of the Doctor of Medicine program. | Order |
|  | WUSM: Dental School Transcripts Records of the Washington University School of Dentistry. | Order |
|  | WUSM: Allied Health Transcripts Records of the non-MD, non-DDS graduate programs and MD/PhD program (MSTP). | Order |

Office of the Registrar

Next, choose where you are sending your transcripts. Parchment has a library of various schools and organizations where you can pre-select. You should use the search option first if sending to another institution/organization. Transcripts will be sent electronically to these organizations. If they are not in the list, choose the *I'm sending to myself or another individual* option


If you are choosing to send to yourself or another individual you will be directed to page 7

CANCEL ×

Your order will be sent from **Washington University in St. Louis School of Medicine** to the individual and/or organization at the destination below.

Verify: transcripts ordered from this site should be for students who have studied in WUSM programs. Students applying for admission to these programs must order transcripts from their own school.

OR

I'm sending to myself or another individual 

Office of the Registrar

If you choose a recipient from the list you will proceed to page 8

Q | amcas | Search

AMCAS
Washington, DC, US

VMCAS - Association of American
Veterinary Medical Colleges (AAVMC)
Watertown, MA, US

ATCAS Commission on Accreditation of
Athletic Training Education CAATE
Watertown, MA, US

AHCAS - Association of Schools of Allied
Health Professions (ASAHP)
Watertown, MA, US

Not finding what you're looking for?

Enter Your Own

OR

 I'm sending to myself or another individual 

Office of the Registrar

If sending to yourself or a specific individual, you can choose the electronic option or a print and mailed diploma.

If sending electronically, enter the recipient name and email

Set Delivery Destination CANCEL x

Your order will be sent from Washington University in St. Louis School of Medicine to the individual and/or organization at the destination below. Select a delivery method for your order



Electronic
Delivered By Email



Print & Mailed
Printed On Paper & Mailed

RECIPIENT INFORMATION

Recipient / Destination Name

✓ Firstname Lastname

✓ wsmregistrar@wustl.edu

✓ wsmregistrar@wustl.edu

Continue

[← Back to search](#)

Office of the Registrar

If choosing the Print and Mailed option, enter the appropriate contact information

Set Delivery Destination CANCEL ✕

Your order will be sent from Washington University in St. Louis School of Medicine to the individual and/or organization at the destination below. Select a delivery method for your order



Electronic
Delivered By Email



Print & Mailed
Printed On Paper & Mailed



RECIPIENT INFORMATION

| | | |
|---|----------------|---------------|
| * School Name, Business, Person, or Your Name | | |
| Attention | Phone | |
| * Country ▼ | | |
| * Address 1 | | |
| Address 2 | | |
| * City | State/Province | * Postal Code |

Office of the Registrar

There is an option to choose expedited shipping through Parchment
Please note, this only expedites the shipping and not the processing
There is a fee for expedited shipping

Need this delivery expedited?

 Add rush delivery via FedEx 

Additional fees will be applied

Continue


Office of the Registrar

In the Item Details page, confirm your recipient information and enter the appropriate remaining details

[← BACK](#) [CANCEL ×](#)

Item Details

TRANSCRIPT




3.2


WUSM: MD Program Transcripts

For:

FROM

 Washington University in St. Louis
Washington University in St. Louis
School of Medicine
St. Louis, MO

TO

 Firstname Lastname
wusmregistrar@wustl.edu

Delivery Method: Electronic

| | |
|--------------------|----------------|
| Credential Fee: | \$1.50 |
| Subsidized: | -\$1.50 |

*Subsidy provided by:
Washington University in St.
Louis School of Medicine*

Item Total: **\$0.00**

*** When do you want this sent?**

✔ Send Now ▼

Special Instructions

*** Date of Birth or SSN Transcript Display Options**

✔ None ▼

Purpose

Admission ▼



10

Office of the Registrar

If you would like to send an attachment with your transcript, select the Add An Attachment option and upload your file

Sign the consent form, type out your name, and check the box to provide consent

Select the Continue button

 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

X _____

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.

Office of the Registrar






Your order summary will be displayed. After confirming your information, select the Complete Order button

[← BACK](#) [CANCEL ×](#)

Order Summary

ⓘ Your order has not been placed yet. Please review and complete the order below
Here's your order summary [REDACTED]

[Collapse All](#)

| | | | | |
|------|---|--|----------------|---|
| FOR |  [REDACTED] | 1 | \$0.00 | ^ |
| ITEM | WUSM: MD Program Transcripts |    | \$1.50 |  |
| FROM | Washington University in St. Louis School of Medicine | | -\$1.50 | |
| TO | Firstname Lastname | | | |

[+](#) Add another item for [REDACTED]

| | |
|-------------------------|----------------|
| Total Credential Fees | \$1.50 |
| Total Subsidized | -\$1.50 |
| Order Total | \$0.00 |

[COMPLETE ORDER](#)