



**MCPHS University
Registrar's Office**

Licensure Request

Student Information:	
Full Name	
Student ID # (or DOB)	
Program	
Graduation Date	
Campus	
Phone Number	
E-Mail Address	

Licensure Request Information:	
State	
Requested Paperwork Please specify documentation requested. Example: <ul style="list-style-type: none">• Letter of graduation• Transcript• Application/Form *You must include form for processing	
Mailing Address Please specify mailing address for completed document(s).	

Licensure Request Authorization:	
By submitting this Licensure Request, I am authorizing MCPHS to complete licensure paperwork. I have appended requisite paperwork to be completed by the Registrar's Office.	
Name (printed)	
Signature	
Date	

Licensure requests must include a student signature.

Please return this form to:

Boston: MCPHS University, Registrar's Office, 179 Longwood Avenue, Boston, MA 02115

Fax: 617-735-1050

Email: Registrarsoffice@mcphs.edu