

Transcript Matching Form

SOPHAS

CAS ID: 3961314716

Applicant's Name: KHANDAKAR LOVELY
Last Name First Name

Alternate Name, if any: _____
Last Name First Name

Academic Institution Name: UNIVERSITY OF MANITOBA - MAIN CAMPUS

Instructions to the Registrar

Please attach this form directly to the official transcript for the above applicant and forward the official transcript (see requirements below) in a sealed envelope directly to:

SOPHAS Transcript Processing Center
P.O. Box 9111
Watertown, MA 02471

The transcript must meet the requirements below to be considered "official" by SOPHAS

- A Registrar's seal and/or legible signature included on the transcript.
- Must be mailed **directly** to SOPHAS from the Registrar's Office.
- **Cannot** be marked "Issued to Student" or "Student Copy."
- Must reflect all relevant, correct information for the student identified above.