Kansas City University

Residency and Fellowship Application Requests for Graduates

Office of the Registrar • 1750 Independence Ave., Kansas City, MO 64106 • p. 816.654.7190 • f. 816.654.7191 • registrar@kansascity.edu

This multi-purpose form allows graduates to request certain academic records to be uploaded to ERAS, ResidencyCAS, Central App, etc. Once the form is complete, including a physical signature, please submit to the Office of the Registrar.

Student Information

Name_____ **Former Name**_____

SSN *Last four digits*_____ **Date of Birth** *(MM/DD/YYYY)*_____ **Student ID**_____

Graduation Year_____ **Program**_____ **Campus:** ☐ Kansas City ☐ Joplin

Email_____ **Phone**_____

Request

Please select which items/documents you are requesting:

☐ ERAS Token – Required for post-graduate residency applications **only**. *(Token information is emailed to address listed above.)*
  ☐ Current season (ends May 31) ☐ Next season (opens June 1)

☐ ResidencyCas Access – Season 20_

☐ MSPE (Dean's Letter)

☐ MSPE Addendum

☐ Official Transcript*

* There is no charge for official transcripts uploaded to any Residency or Fellowship system.

Upload

Please select where you would like the documents uploaded:

☐ ERAS - For post-graduate residency applications.

☐ ERAS-EFDO - For post-residency fellowship applications.

☐ ResidencyCAS - For post-graduate residency applications.

☐ U.S. Armed Forces - _____

☐ Other - _____

Special Instructions:

Signature_____ **Date**_____