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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.

Name		Former Name		
SSN Last four digits	Date of Birth (MM/DD/YYYY)	Student ID		
Graduation Year	Program	Campus:		
Email		Phone		
Request				
Please select which items/docu	ments you are requesting:			
ERAS Token – Require	ed for post-graduate residency applications only. (Toke	n information is emailed to address listed above.)		
Current season (er	nds May 31)			
☐ MSPE*				
Official Transcript*				
When requesting a MSPE, an	transcripts uploaded to any Residency or Fellowship syste Addendum will be included. The Addendum will consis the MSPE. It will detail any changes to Academic Histo	t of a summary of academic performance up through graduation that		
Please select where you would	l like the documents uploaded:			
ERAS - For post-grad	uate residency applications.			
ERAS-EFDO - For pos	st-residency fellowship applications.			
ResidencyCAS - For p	post-graduate residency applications.			
U.S. Armed Forces				
Other				
Special Instructions:				
Signature		_ Date		