



**School of Record Transcript Application:  
Home School Contact Information**

***When completed, please return this form to:***

CUPA - USA  
Tary Coppola  
P.O. Box 9611  
North Amherst, MA 01059  
Telephone: (413) 549-6960  
Fax: (413) 549-5868  
E-mail: [cupausa@cupa-paris.org](mailto:cupausa@cupa-paris.org)  
<http://www.cupa-paris.org>

Please indicate here the full name, title and contact information for the person at your University to whom the Spelman College School of Record Transcript for your studies with the Center for University Programs Abroad in Paris - CUPA should be sent upon your completion of the program:

This contact information is for the student:

Name of applicant: \_\_\_\_\_ College or University: \_\_\_\_\_

Year or Semester of participation on the CUPA program: \_\_\_\_\_

**To Spelman College:**

Please find below the contact information for the person to whom this student's School of Record transcript should be sent:

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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