



TRANSCRIPT REQUEST FORM

APPLICANT TO BE FILLED OUT BY APPLICANT.

Please complete the section below and submit this form to your high school or college to be sent with your transcripts following graduation or request to transfer credits.

Name of applicant: _____

Date of enrollment or graduation: ____/____/____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____

Name of high school or college: _____

School address: _____

City: _____ State: _____ Zip: _____

Applicant's signature: _____ Date: _____

HIGH SCHOOL/COLLEGE

PLEASE SEND THIS FORM ALONG WITH A COPY OF MY ACADEMIC RECORDS TO:

Clarksville Theological Seminary
Director of Admissions
PO Box 535
Clayton, NC 27528