

REQUEST FOR OFFICIAL ACADEMIC TRANSCRIPT (APPLICATION PROCESS)

Graduate Programs in Christian Studies



Applicant:

Please print this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended since high school where you have completed at least 12 semester hours. NOTE: Before mailing, enclose the appropriate fee required by the institution to obtain the transcript copy.

Applicant's signature: _____

Applicant's name (printed): _____

Applicant's address: _____

City: _____ State: _____ Zip: _____

Daytime phone: () _____ - _____

Name of institution: _____

Name by which I attended your school: _____

Years of attendance: _____ Degree(s) earned: _____

Social Security number: _____ - _____ - _____ Birthdate: _____ / _____ / _____
MO. DAY YEAR

To:

Registrar: _____

Name of institution: _____

Address of institution: _____

City: _____ State: _____ Zip: _____

Please send an official copy of my academic transcript for the purpose of application for admission to:

**Graduate Programs, School of Christian Studies
Howard Payne University
1000 Fisk Street
Brownwood, TX 76801**