

Transcript Request Form

Applicant: Please provide the information requested below. Send this form with the appropriate fee to your college or university's registrar early enough so that it will be returned directly to UGST in a timely fashion. Print as many copies as you need to request transcripts from all colleges and universities attended.

Social Security #: _____

Applicant's Full Name: _____
Last First Middle

Maiden Name (if different when transcript was printed): _____

Dates of Enrollment: _____ Degree and Year: _____

Field of study: _____ University: _____

I hereby authorize the release of my academic record and related material to Urshan Graduate School of Theology.

Signature of applicant Date

Registrar: The applicant named is applying for graduate studies at Urshan Graduate School of Theology. The applicant cannot be considered without a complete academic record submitted by the registrar of your institution. The academic record should bear the institutional seal and registrar's signature as well as indicating the dates of enrollment, a year-by-year listing of courses pursued with the mark obtained in each course and the applicant's cumulative grade point average. Verification of date of conferral and title of degree must be included on transcripts or on statements signed by an authorized representative of the institution granting the degree. If the educational system measures performance by comprehensive examinations at yearly or other intervals, we require records of all such examinations with ratings or class achieved. If determined, give applicant's rank in his/her class.

Please enclose this form with the official transcript. Thank you.

Mail to: Urshan Graduate School of Theology

704 Howdershell Rd.

Florissant, Mo 63033

Phone: 314.921.9290

Fax: 314.921.9203