

# transcript request form

**Applicant:** Please provide the information requested below. Send this form with appropriate fee to your college or university's registrar early enough so that it will be returned directly to Anderson University in a timely fashion. If you have attended more than three colleges or universities, simply photocopy this form for use by the additional institution(s).

Social Security # \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_  
Last First Middle

Maiden Name (if different when transcript was printed) \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Field of Study \_\_\_\_\_ University \_\_\_\_\_

I hereby authorize the release of my academic record and related material to Anderson University.

\_\_\_\_\_  
Signature Date

**Registrar:** Please see instructions on reverse side. Mail to: DBA Program Director, Falls School of Business, Anderson University, 1303 East Fifth Street, Anderson, IN 46012-3468. Phone: 765-641-4367 Fax: 765-641-4356

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The person named on the other side is applying for graduate studies at Anderson University. The applicant cannot be considered without a complete academic record submitted by the registrar of your institution. This academic record should bear the institutional seal and registrar's signature and include 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 education 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 include an English translation of foreign documents.

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

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