

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 Regent University in a timely fashion. If you have attended more than one college or university, simply photocopy this form for use by the additional institution(s).

TRANSCRIPT REQUEST FORM

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 Regent University.

Signature _____ Date _____

Registrar: The person named on this form is applying for graduate studies at Regent 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 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 include an English translation of foreign documents.

Please enclose this form with the official transcript and mail to:

Central Enrollment Management
Regent University
1000 Regent University Drive
Virginia Beach, VA 23464

Toll Free: 800.373.5504
Phone: 757.226.4127
Fax: 757.226.4381

Thank you.