

Southwestern Christian University
PO Box 340
Bethany, OK 73008
www.swcu.edu

Phone 405.789.7661 Fax: 405.495.0078

## College Transcript Request

APPLICANT  After filling in information below, give this form to	vour registrar				
	your regionar.				
Social Security Number	Gender:	☐ Male ☐ Fem	ala		
	Gerider.	□ Iviale □ I elli	aic		
Legal last name	Legal first name		Mic	Middle name	
Address: PO Box / Physical street address		City	State	Zip	
Area code and telephone		Date of birth			
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hereby request that my official college transcript	t be sent to Southwes	tern Christian Universi	.y.		
Signature		Date			
ADMINISTRATOR					
Please attach the applicant's transcript and mail the Please provide all information possible for this ap	o: Southwestern Chris	stian Univeristy, Office	of Admissions, PO Box 340,	Bethany, OK 73008.	
Class rank is out of					
Is this student in good standing at your school?	☐ Yes ☐ No	If no, please explair	1.		
Administrator's Name		Administrator's	Position		
Address		City	State	Zip	
		,		·	
Area code and telephone		Area code and	Area code and fax		
Administrator's Signature		Date			