

HIGH SCHOOL TRANSCRIPT REQUEST

APPLICANT

After filling in information below, give this form to your guidance counselor.

Social Security Number

Gender: Male Female

Legal last name

Legal first name

Middle name

Address: PO Box / Physical street address

City

State

Zip

Area code and telephone

Date of birth

Have you taken the ACT?: Yes No Date taken ____/____/____ Composite Score _____

Have you taken the SAT?: Yes No Date taken ____/____/____ Composite Score _____

I hereby request that my official high school transcript be sent to Southwestern Christian University.

Signature

Date

ADMINISTRATOR

Please attach the applicant's transcript and mail to: Southwestern Christian University, Office of Admissions, PO Box 340, Bethany, OK 73008. Please provide all information possible for this applicant.

Class rank is _____ out of _____

Cumulative GPA is _____ on a _____ scale.

GPA is: Weighted Unweighted

Applicant's date of graduation is: _____

The applicant's diploma will be: Honors College Preparatory Technical
 Other: (please explain) _____

Counselor's Name

Counselor's Position

Address

City

State

Zip

Area code and telephone

Area code and fax

Counselor's Signature

Date