Office of Admissions

Westminster Theological Seminary

Texas Campus

3838 Oak Lawn Avenue Suite 200, Dallas, Texas 75219

800-373-0119 · Fax: 215-887-5404 · www.wts.edu

REQUEST FOR COLLEGE TRANSCRIPT

Applicant: Please photocopy this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended after high school at which you have completed at least twelve (12) semester hours.

Note: *Some institutions charge a small fee to send transcripts and need a written request. Contact the Registrar's Office at each institution to find out what fee to include with your request.*

TO: _____
registrar

_____
name of institution

_____
address of institution

_____

Registrar: Please send an OFFICIAL academic transcript in a sealed envelope to me at the following address:

_____
name by which I attended your institution

_____
street address

_____
city, state, zip

_____
years of attendance

_____
degree(s) earned

_____
Social Security number

_____
date of birth

_____
applicant's signature

_____
applicant's name (printed)