

TRANSCRIPT REQUEST FORM

Name: _____
Last *First* *Middle*

Complete and submit this form to your school's Registrar in order to request that an official transcript be mailed to Asbury University. Please note that your home institution may require you to complete their transcript request form. If so, please discard this one.

Your application as a visiting student at Asbury University is not considered complete and ready for admissions review until all application requirements, including transcript(s) from all undergraduate institutions attended, have been received. Remember, it can take several weeks for transcript request to be processed and received.

I HEREBY AUTHORIZE the release of my official transcript to Asbury University. I am applying to the _____
term
_____ semester of the following Asbury University Study Abroad Program _____
year

Mail to: Office of the Registrar

Asbury University
One Macklem Drive
Wilmore, KY 40390

FAX: 859-858-3921

Visiting Student's Full Name (print) *Signature*

Student ID # *Home Institution* *Date*