



PO Box 7148 • Greensboro • North Carolina • 27417

Request for Transcript

Institution Name	_____		
Student Name	_____		
Name at Time of Enrollment	_____		
Address	_____		
City, State, Zip Code	_____		
Student ID Number	_____	Dates of Attendance	_____
Degree	_____	Year	_____
Signature	_____	Date	_____

I am applying for admission to the Carolina Evangelical Divinity School. Please send one official copy of my transcript, showing grades, GPA, and conferred degree to:

**Admissions Office
Carolina Evangelical Divinity School
PO Box 7148
Greensboro, NC 27417-7148**

Be sure to include instructions on how to interpret the transcript and an explanation of the grading system.

This form may be duplicated to request additional official transcripts.