

ANDREWS UNIVERSITY **REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT**

Please fill out this form and turn it in to your school registrar.

Name of School _____

Address _____

City _____ State _____ Zip Code _____ Country _____

I am applying to attend Andrews University. Please forward an official copy of my transcript to the address listed below showing all my classwork taken at your institution. Include the grades and credits for each class. I have included the appropriate transcript fee. If for any reason you cannot comply with this request, please inform me and the Graduate Admissions Office of Andrews University at the address listed to the right. **NOTE: Please send the transcript in both the original language of your country and a literal translation into English if English is not the official language of your country.**

MAIL TRANSCRIPTS TO:
Office of Graduate Admissions
Andrews University
4150 Administration Dr
Berrien Springs MI 49104-0620 U.S.A.

U.S. Social Security Number
(if applicable)

-

Birth Date M/D/Y _____

Name (Please Print As Appears On Record) _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Signed _____ Date _____

20110505

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