

C O L U M B I A
T H E O L O G I C A L
 S E M I N A R Y

Transcript Request Form

Office of the Registrar
 P.O. Box 520, Decatur, GA 30031
 FAX 404-687-4575

Instructions Please complete this form and return it to the Office of the Registrar. So that your transcript request is processed properly print legibly, provide all the requested information, and include accurate, complete mailing addresses. If you were enrolled at Columbia under a different name, please include your former name in the space provided. Transcripts are processed on Thursday; however, requests must be received by Wednesday noon.

Costs (Payment must accompany each request.)

- Mailed transcripts are \$5 for the first copy and \$2 for each additional copy
- Faxed transcripts are \$10 per copy
- Emergency requests (*Transcripts needed to be processed within 24 hours of receipt.*)
 - \$20 per mailed emergency transcript
 - \$25 per faxed emergency transcript

Name

First Middle Last Former

Address

Mailing Instructions

- Send within 10 days
- Send after Fall Semester
- Send after Winter Semester
- Send after the Spring Semester
- Send after the Summer Session

Purpose of Transcript Request

- Graduate Study
- Transferring
- Employment
- Certification
- Scholarship
- Military
- Other

Dates of attendance at Columbia Theological Seminary

Number of transcripts requested: Official Unofficial

Transcript requested for: M.Div. M.A.T.S. Th.M. D.Min. Th.D. D.Ed.Min.

Complete address of where transcript is to be sent

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2NR.....**AM** **No** **R**.....

For Office Use Only

Fee Paid _____ Date transcript sent _____ Processed by _____