

TRANSCRIPT REQUEST FORM

Please complete and return this form to: transcriptrequests@ctsnet.edu <u>OR</u> Columbia Theological Seminary Academic Affairs Office P.O. Box 520 Decatur, GA 30031

INSTRUCTIONS: For a transcript request to be processed properly, you must provide all requested information, including accurate and complete mailing addresses. If you were enrolled at CTS under a different last name, please include your former name in the space provided. Requests must be received by Wednesday noon to be processed on our usual weekly cycle each Thursday. There is no cost for transcripts processed on the usual weekly cycle. An emergency fee of \$20 per mailed transcript will be charged for transcript requests that need to be processed sooner than the weekly processing cycle. Emergency requests will be processed within 24 hours from receipt of the request during the business week. Payment for emergency requests may be by check (made to Columbia Theological Seminary), money order, cash, or by credit card through the Business Office at 404-687-4513. Official transcripts are on CTS-specific security paper that does not copy or scan well, and unofficial transcripts are on plain white paper that does copy and scan well. For questions regarding transcript processing, please call 404-687-4521.

Name:							<u> </u>	
First	Middle		Last		F	Former		
Address:								
City	State		Zip		P	Phone		
Calendar years of attenda	nce at CTS	(e.g., 2001-	2004):					
Transcript requested for:	MDiv	MA(TS)	MAPT	ThM	DMin	DEdMin	ThD	
Mailing Instructions: Purpose of Transcript Request:								
Send within 24 hou	Gra	Graduate Study		Scholarship				
Send on weekly processing cycle			Trar	Transferring		Military		
Send after Fall Semester Grades			Em	Employment		Other		
Send after Spring S	Certification							
Number of transcripts requested: Official			_ Uno	official	-7			
Legibly print name of reci	ipient and <u>co</u>	omplete mai	ling and/or o	email addro	ess where	e transcript is	to be sent:	
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Date: ____

Signature: _