

COVENANT THEOLOGICAL SEMINARY

REQUEST FOR PREVIOUS SCHOOL RECORDS

Please send an official transcript of my records to:

COVENANT THEOLOGICAL SEMINARY
REGISTRAR'S OFFICE
PO Box 1177
Greenville, NC 27835

This record is required by Covenant Theological Seminary to complete my admissions file.

NAME (Last, First, Middle): _____

Maiden: _____

Other Last Name: _____

Birth Date: _____

Last 4 digits of Social Security Number: _____

Dates Attended or Graduation Date: _____

Current Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Name of High School/College/Seminary Attended or Graduated from:

Address (Street or Post Office Box): _____

City/State/Zip Code: _____

Student Signature _____

Date _____

NOTE: Failure to submit proof of high school/college/seminar transcripts will block future registration.

MAKE COPIES AS NEEDED FOR ALL INSTITUTIONS