

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: _____ Social Security Number: _____

Dates Attended or Graduation Date: _____

Current Street Address: _____

Telephone Number: _____

City/State/Zip Code: _____

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