

BETHEL CHRISTIAN UNIVERSITY

5010 SW 20TH TERRACE. TOPEKA, KS. 66604, USA.

E-mail: info@bcuks.org

TRANSCRIPT REQUEST FORM

APPLICANT:

Please provide the information requested below. Send this Form with the appropriate transcript fee (if any) to your past College / Seminary or University.

Applicant's Full Name: _____

Admission Number (if any): _____

Date of Enrolment: _____ Date Graduated: _____

Certificate/Diploma/Degree earned: **NB: Please check mark X to all applicable ones you are requesting**

Transcript(s) for:

1. Certificate 2. Diploma 3. Advanced Diploma 4. Associate Degree
5. Bachelor Degree 6. Master's Degree 7. . Doctorate Degree

Date Graduated: _____ Field of Study: _____

Name of College/University/Seminary: _____

NOTES TO: College / Seminary or University: **Do not combine Transcript(s) for any program. Transcript(s) should be prepared for each program in a Separate sheet. Credit hours should be specified with Grading Scale, Grading Score and Grade Point Average (GPA) with total Credit Hours required for each program(s).**

AUTHORIZATION

I hereby authorized the release of my academic record, i.e. TRANSCRIPT to
Bethel Christian University,

Applicant's Signature

Date

The Registrar or Academic Dean,

Dear Sir,

Please, mail/email this official transcript(s) with seal and signature of my academic record directly to the Office of Admissions, Bethel Christian University, 5010 SW 20th Terrace, Topeka, KS. 66604, USA.
OR For those outside USA scan and send them as email attachment to: info@bcuks.org

Thank you.

Name of Student

Signature of Student