

BETHEL CHRISTIAN UNIVERSITY

P. O. BOX 4086, TOPEKA KS. 66604 USA.
TEL: 1 (785) 430-4422 – E-mail: info@bcuks.org

(All correspondence by E-mail or Postal address only)
Fill out this FORM ONLINE, PRINT, SIGN, SCAN, and forward to your Past Institution.

TRANSCRIPT REQUEST FORM

APPLICANT:

Please supply the information requested below.

Send this Form with the 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 needed for each program(s).

AUTHORIZATION

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

Applicant's Signature: _____ *Date:* _____

The Registrar or Academic Dean,

Dear Sir,

Please, mail/email my official transcript(s) with seal and signature of my academic record directly to the Office of Admissions, Bethel Christian University, 5010 SW 20th Terrace, P. O. Box 4086, Topeka, KS. 66604, USA. Or for Institutions outside the USA, scan and send as email attachment to: info@bcuks.org

Thank you.

Full Name of Student

Signature of Student