



TRANSCRIPT REQUEST FORM

From the Student

Name

Address

Social Security Number

Phone

Date of Birth

Signature

Date

To the Registrar

Name of School (previously and/or currently attending)

Dates Attended

I am applying to Andrews University. Please forward a copy of my transcript to the address checked below. If for any reason, this is not possible please let me know. Thank you very much.

Please send to

- Undergraduate Admissions Office, Andrews University
Berrien Springs, MI 49104-0740
- My home address for express processing.
(Note to student: Do not open transcripts when received.)

Admissions office of Andrews University • 800.471.6210

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