



# REQUEST FOR ACADEMIC TRANSCRIPT

DALLAS THEOLOGICAL SEMINARY

ADMISSIONS OFFICE • 3909 SWISS AVENUE • DALLAS, TX 75204 • 800-992-0998, EXT. 3661 • FAX 214-841-3664

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**Applicant:** Please photocopy this form, complete it (including signature), and send it to each graduate level institution you have attended where you have completed at least 12 semester hours.

TO:

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of Institution  
\_\_\_\_\_  
\_\_\_\_\_

Please send a copy of my academic transcript for the purpose of application for admission to:

Admissions Office  
Dallas Theological Seminary  
3909 Swiss Avenue  
Dallas, Texas 75204

The Seminary asks you, as registrar, to please sign across the sealed envelope flap.

\_\_\_\_\_  
Name by which I attended your school

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Years of attendance

\_\_\_\_\_  
Applicant's name (printed)

\_\_\_\_\_  
Degree(s) earned

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of birth

(       ) \_\_\_\_\_  
Daytime phone