



Request for Academic Transcript

APPLICANT: Please photocopy this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended since high school 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