

TRANSCRIPT REQUEST FORM

PLEASE ATTACH TO MY TRANSCRIPT FOR TRANSMITTAL TO THE GRADUATE SCHOOL—COLLEGE OF CHARLESTON

To Registrar/Director of Records

College/University _____

Address _____

(Number/Street/P.O. Box)

(City/State/Zip Code)

(Area Code/Telephone No.)

Please forward one (1) official copy of my academic transcript to:
The Graduate School of the College of Charleston
Randolph Hall, Suite 310, 66 George Street
Charleston, SC 29424

**COLLEGE of
CHARLESTON**
THE GRADUATE SCHOOL

SSN _____ - _____ - _____

Name _____
Last First Middle

Name on my records at the time of enrollment (if different) _____

I last attended in (month) _____ (year) _____ Payment for my transcript of \$ _____ is enclosed.

Intended field of study at The Graduate School of the College of Charleston _____

Signature of Applicant _____

Date _____

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