

Office of Graduate Studies
Box 4029
Clinton, MS 39058



**Mississippi
College**
A CHRISTIAN UNIVERSITY

TRANSCRIPT REQUEST
FORM

*Make copies as necessary for requesting all transcripts of collegiate coursework.
Complete this form and return it to the Graduate Office. We will mail this form for you.*

**ATTACH A CHECK MADE OUT TO YOUR UNDERGRADUATE AND/OR GRADUATE COLLEGE OR
UNIVERSITY FOR \$5.00 PER TRANSCRIPT REQUESTED [WHERE APPLICABLE].**

Send to: REGISTRAR'S OFFICE

(Name of your previous college/university)

(Campus Address)

(City, State, and Zip Code)

Please send one (1) official copy of my complete transcript at your earliest convenience to:

**Mississippi College
Office of Graduate Studies
Box 4029
Clinton, MS 39058**

The last semester I attended was in Fall _____ Spring _____ Summer _____ of _____
year

Date of Birth: _____ Social Security Number: _____

My name is: _____

(Street or P. O. Box)

(City, State, and Zip Code)

My name has changed - I attended under the name of _____

I have enclosed a \$5.00 check ***made out to my undergraduate college/university*** or \$5.00 cash to defray the cost of the transcript.

(Student's signature required for release of official transcript)

Date _____