

GREENVILLE COLLEGE TRANSCRIPT REQUEST FORM

TO THE APPLICANT:

Please take this form to your high school guidance office and ask your counselor to return it to Greenville College along with a current high school transcript.

PLEASE NOTE: Transfer students need to request transcripts from each college attended, in addition to the high school transcript. Contact each college for specific details and have the transcripts sent to Greenville College.

Applicant's Name _____

Applicant's Address _____

City _____ State _____ Zip _____ Country _____

E-mail Address _____

Telephone Number (_____) _____ Alternate Telephone Number (_____) _____

I give permission to send an official transcript to Greenville College. Applicant's Signature _____

Please return this form along with a current official transcript to:

Office of Admissions
Greenville College
315 East College Avenue
Greenville, Illinois 62246

When will (did) this applicant graduate? Month _____ Year _____

What is the student's most recent rank in class?

At end of _____ semesters Number in class: _____ Student's rank: _____

Cumulative grade point average _____ /4.0 (please convert to 4.0 scale)

Name of High School or College Sending Transcript _____

School Address _____

School Phone Number _____

Guidance Counselor _____

Guidance Counselor Phone Number _____

Guidance Counselor Email Address _____