

EMORY & HENRY COLLEGE

TRANSCRIPT REQUEST Five-Year & Fast Track Professional Studies Master of Education Program

Office of Graduate Admissions P.O. Box 10 Emory, VA 24327-0010 www.ehc.edu 800-848-5493

TO THE APPLICANT: Complete the information below and send it to the Registrar of each university or college you have attended. If you are currently enrolled at Emory & Henry or have previously attended the College, you must request that your transcript be sent from the Registrar's Office to the Admissions Office.

PLEASE PRINT OR TYPE:

Social Security Number _____

Title Name: Last First Middle Maiden

Institution Dates of Attendance Degree Graduation Year

I authorize the release of my academic transcript to Emory & Henry College Office of Admissions:

Signature _____ Date _____

TO THE REGISTRAR: The person named above is applying for admission to graduate studies at Emory & Henry College. Please enclose this form and one copy of the applicant's transcript in an official university envelope. If the applicant's transcript cannot be forwarded, please indicate the reason*. Send the materials promptly to:

Office of Graduate Admissions
Emory & Henry College
Post Office Box 10
Emory, VA 24327

For further information, please call 276.944.6133.

*Reason cannot be sent: _____

Signature of Registrar _____ Date _____

