

Transcript Request Form

To the applicant:

Please complete this form and forward it to all colleges or universities attended to have an official copy of your transcripts forwarded to Winthrop University.

Social Security Number Birth date

Name — Last First Middle

Name on previous academic records, if different

Current mailing address — Street/P.O. Box City State ZIP

School Date of Enrollment Degree and Year

Anticipated Entry Term at Winthrop University Anticipated Degree and Major at Winthrop University

I hereby authorize the release of transcripts of my academic record to The Graduate School, Winthrop University.

Signature of student Date

To the school:

The above-named person is making application to The Graduate School at Winthrop University. In support of this application, the applicant requests an official copy of his/her transcript be sent to: The Graduate School, Winthrop University, 209 Tillman Hall, Rock Hill, SC 29733. **Please return this form with the official transcript.**

Cumulative Hours Cumulative Quality Points Cumulative Grade Point Average

Please explain grade point system (for example, A=4, B=3, etc.)
