TRANSCRIPT REQUEST FORM

Course Work Completed

Converse Undergraduate work/Degree Converse Graduate work/Degree

(This form may NOT be used for a Teacher Step/Math Refresher Transcriptsee above.)



Office of the Registrar 580 East Main Street - Spartanburg, SC 29302 864-596-9095/Fax 864-596-9202

Office use only

Date Rec'd:

Date Iss'd:

The <u>average</u> processing time for a transcript is 7-10 business days.

Fee is \$10.00 per transcript, whether mailed or faxed. (NON-REFUNDABLE)

Transcripts will not be issued for persons whose financial obligations have not been satisfied.

Social Security Number	Date of Birth
LAST NAME FIRST NAME	MIDDLE/MAIDEN NAME
Please list ALL previous surnames:	
Current mailing address:	Home Telephone number (+area code):
	Cell Phone number (+area code):
Entrance Date: Date of last enrollment: E-mail	Address: (we will contact you at this address with any questions)
Transcript to be processed (check one): At end of term Hold for posting of degree at end of term As Soon As Possible	
MAIL /FAX TRANSCRIPT(S) TO: (faxed transcripts a Transcript #1: MUST have full address	
	are <u>not</u> considered official) Transcript #2: MUST have <u>full</u> address
Reason: Graduate School Re-Certification Transferring	Transcript #2: MUST have full address
	Transcript #2: MUST have full address
Reason: Graduate School Re-Certification Transferring Signature	Transcript #2: MUST have full address Schools Scholarship Summer School Other
Reason: Graduate School Re-Certification Transferring Signature PAYMENT ENCLOSED: Check # Cash Visa	Transcript #2: MUST have full address Schools Scholarship Summer School Other Date