

# EMORY & HENRY COLLEGE

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

Office of Graduate Admissions P.O. Box 947 Emory, VA 24327-0010 www.ehc.edu 800-848-5493

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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 \_\_\_\_\_

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Title	Name: Last	First	Middle	Maiden
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Institution	Dates of Attendance	Degree	Graduation Year
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*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 \_\_\_\_\_

