

EMORY & HENRY COLLEGE

GRADUATE PROGRAM TRANSCRIPT REQUEST

M.A.Ed., Reading Specialist or History; M.A., Community & Organizational Leadership

Office of Graduate Admissions P.O. Box 947 Emory, VA 24327-0725 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. Duplicate as needed. 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 947
Emory, VA 24327

For further information, please call 276.944.6133.

*Reason cannot be sent: _____

Signature of Registrar _____ Date _____