

TRANSCRIPT REQUEST FORM DBA



Applicant: Please provide the information requested below. Send this form with the appropriate fee to your college or university's registrar early enough so that it will be returned directly to Anderson University in a timely fashion. If you have attended more than three colleges or universities, simply photocopy this form for use by the additional institution(s).

Social Security # _____

Applicant's Full Name _____
Last First Middle

Maiden Name (if different when transcript was printed) _____

Dates of Enrollment _____ Degree _____ Year _____

Field of Study _____ University _____

I hereby authorize the release of my academic record and related material to Anderson University.

Signature Date

Registrar: Please see instructions on reverse side. Mail to: DBA Program Director, Falls School of Business, Anderson University, 1303 E. 5th St., Anderson, IN 46012-3468. Phone: 765-641-4367. Fax: 765-641-4356.

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The person named on the other side is applying for graduate studies at Anderson University. The applicant cannot be considered without a complete academic record submitted by the registrar of your institution. This academic record should bear the institutional seal and registrar's signature and include dates of enrollment, a year-by-year listing of courses pursued with the mark obtained in each course, and the applicant's cumulative grade point average. Verification of date of conferral and title of degree must be included on transcripts or on statements signed by an authorized representative of the institution granting the degree. If the education system measures performance by comprehensive examinations at yearly or other intervals, we require records of all such examinations with ratings or class achieved. If determined, give applicant's rank in his/her class. Please include an English translation of foreign documents.

Please enclose this form with the official transcript. Thank you.

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