



REQUEST FOR OFFICIAL TRANSCRIPT
MASTER OF ARTS IN THEOLOGICAL STUDIES
MASTER OF MINISTRIES

TO THE APPLICANT (Please print.)

After completing this section, give this form to the appropriate office at the college/university you attended and request an official transcript be sent to the office of graduate studies at Bethel College.

I am applying for: [] Master of Arts in Theological Studies [] Master of Ministries

Date _____

Institution _____

Name used when attending school listed above (Please print.)

_____ Last First Middle

Present name (if different from above)

_____ Last First Middle

Present address _____

_____ City State Zip Country

Social Security Number _____ Date of birth _____

Home phone (Area Code) Number _____ Work phone (Area Code) Number _____

Additional copy to be sent to self []

Student's signature _____ Date _____

Mail transcript(s) with this form to the address below.



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