

TRANSCRIPT REQUEST

877.607.0012 • www.gts.grace.edu • gtsrec@grace.edu

To Be Completed By Applicant (please print)

I, (full name) _____, (Social Security No.) _____, hereby authorize the registrar of (name of school) _____ to release my academic records for use as requested by Grace Theological Seminary and to respond candidly to the questions asked on this form. I last attended during the _____ (term, quarter, semester) of _____ (year).

Signature: _____ Date: _____/_____/_____

To Be Completed By Dean, Registrar, or Appropriate Official (please print)

CONFIDENTIAL INFORMATION

*We value your comments and ask that you give a candid report so that fair consideration may be given to the applicant.
This information is treated confidentially and is employed in evaluating the applicant.*

NOTE: This form and the student's official transcripts must be received before the student's application can be evaluated.

1. Has this student ever been under academic probation or social discipline while attending your institution?

No Yes If yes, please give a brief statement concerning the nature of the probation and offense.

2. Would this student be permitted to return to your institution at a later date?

No Yes If no, please indicate reason.

3. Other comments:

Signature _____ Position/Title _____

Institution _____ Date: _____/_____/_____

Thank you for taking the time to complete this form.

Please mail this completed form and the student's official transcripts directly to:

Grace Theological Seminary • Office of Seminary Admissions • 200 Seminary Drive • Winona Lake, Indiana • 46590