MEMORANDUM

TO: Applicants to Columbus State University
FROM: Viola Alexander
Interim Director of Admissions
SUBJECT: Transcript Request Form

Before you can be admitted to Columbus State University, the Office of Admissions must receive official copies of your transcript from each institution you have previously attended. Transcripts MUST be sent from each original institution to Columbus State University to be able to be considered official. Unofficial or student copies of transcripts are not acceptable.

The form on the reverse side is provided for your convenience. Complete one form for each institution you have previously attended. Send each completed form to the appropriate institution. Some schools require payment to release transcripts. Contact each school to see if a fee is required for release of transcripts.
Request for Official Transcript

To: __________________________________________ Date ___________________________

Name of College/University or High School

Office of the Registrar/Student Records Section

_____________________________________________
Street Address

_____________________________________________
City, State, and Zip + 4 Code

I am making a formal application for admission to Columbus State University.

Please send an Official Copy of the Document Checked Below to:

OFFICE OF ADMISSIONS
COLUMBUS STATE UNIVERSITY
4225 UNIVERSITY AVENUE
COLUMBUS GA 31907-5645

_____ HIGH SCHOOL TRANSCRIPT Date graduate(d) from school ______________________________

_____ GED Scores

_____ COLLEGE TRANSCRIPT Last enrolled in institution: ________________________________

_____ Hold for current grades:

Date of birth: _____/_____/_____

Social Security number: _______ - _______ - _______

Name on record if different from present name: _________________________________________

If there are any fees involved, please advise me at the address below:

Signature of Student ________________________________________________________________

Print Name (First, Middle, Last) ___________________________________________________

Street Address _________________________________________________________________

City, State, and Zip + 4 Code _______________________________________________________