

Applicant: Please complete this form and send it to the high school from which you graduated and any college, university, or learning institution which you have attended and completed classes for credit. If you need extra copies, please let us know. **Note: Most schools/colleges require a transcript fee. Please contact each school/college and enclose payment when you mail this form to them. All transcripts MUST be forwarded on to admissions office unopened.**

Date of Request: _____

Transcript requested from:

Registrar, Name of Institution: _____

Transcript requested by:

Name (at time of attendance): _____

Dates of Attendance: _____ Degree(s) earned: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Name (printed): _____

Signature: _____

Please return to:
Columbia International University | Undergraduate Admissions
7435 Monticello Road | Columbia, SC 29203
(803) 807-5024 | (800) 777-2227 | (803) 223-2500 Fax
yesciu@ciu.edu | www.ciu.edu