



Graduate School of Business

GRADUATE SCHOOL OF BUSINESS

Transcript Request Form

TO THE APPLICANT:

Please complete this form and mail it to each undergraduate/graduate institution attended to request an official copy of your transcript. When mailing, please include the appropriate fee, if any.

Name of Applicant: _____ Social Security #: _____

Name when enrolled (if different): _____ Daytime Phone #: _____

Dates of Enrollment: _____ Degree and Year: _____

I authorize the release of a transcript of my academic record to the Graduate School of Business, Admissions, at Gardner-Webb University.

Student's Signature: _____ Date: _____

TO THE REGISTRAR:

Please send an official transcript of this student's academic record to the following address:

Gardner-Webb University
Graduate School of Business, Director of Admissions
P.O. Box 5168
Boiling Springs, NC 28017



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