

Southwestern College Professional Studies

REQUEST FOR TRANSCRIPT

To: Office of the Registrar

Name of College

Address of College

City

State

Zip

Office of the Registrar
To Whom It May Concern:

I am enrolling in a degree program through Southwestern College. Enclosed is the appropriate fee for a transcript of my records to be sent to:

**Southwestern College
Graduate Admissions
2040 S. Rock Rd.
Wichita, KS 67207**

Signature _____

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Student Number (if any) _____

To the student: Please mail this form directly to the college/university you attended with the correct fee for the transcript.



SOUTHWESTERN
COLLEGE

1885
