

BERRY COLLEGE

Transcript Request

Campbell School of Business

To be completed by the applicant:

Name _____
Last First Middle

Address _____
City State Zip

Dates of enrollment: From _____ to _____
Month/Year Month/Year

To: Registrar of _____
Name of College/University

I hereby request that my transcript be sent to:

Admissions Office
Berry College
P.O. Box 490159
Mount Berry, GA 30149-0159
USA

Applicant's Signature

To be completed by the Registrar:

Applicant is currently enrolled: Yes No

Degree conferred: _____

Other certification: _____

Applicant's cumulative grade point average: _____

If this is not calculated on a 4.0 scale, please attach an explanation
of the grading system.

Applicant's class rank: _____

Check if not available _____

Note to Registrar:

Please provide the information requested above and attach the applicant's transcript to this form. Thank you.