



## Pan-Africa Theological Seminary Request for Transcript

OFFICE USE ONLY

Date received: \_\_\_\_\_

By: \_\_\_\_\_

### INSTRUCTIONS:

1. To the applicant: Fill in your name and address, and then submit this form to the appropriate official of each post-secondary school which you attended.

2. To the school official: Please complete this form and mail it with an official transcript of the student's academic record to:

Admissions Office  
Pan-Africa Theological Seminary  
PO Box 6200  
Springfield, MO 65801, USA.

### Applicant's Information:

1. Name: \_\_\_\_\_  
First Middle Last

2. Mailing address: \_\_\_\_\_  
PO Box or Street Address City Country Code

Dear School Official:

Please accept this as my formal request as a graduate or former student of your school that you send an official transcript of my academic records to the Pan-Africa Theological Seminary (PAThS).

Thank you.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_