



REQUEST FOR COLLEGE TRANSCRIPT FORM
(Return to your College)

FORM B1

APPLICANT: If you are presently matriculated in a degree program, take this form to the Registrar's Office. If you have already completed your degree, or are not presently enrolled in a collegiate program, mail/bring this form to the Registrar's Office of each institution you previously attended, or from which you received your degree.

PLEASE PRINT OR TYPE CLEARLY:

Applicant's Last Name _____ First Name _____ MI _____

Date of Birth _____ Social Security No. _____

Former Name (or any other name by which your academic record may be identified): _____

Present Address: _____

City: _____ State: _____ Zip: _____

Address when last attending this institution (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Name of college, university, or seminary: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Years Attended: From _____ To _____

Please Check:

Expect to Graduate Did Graduate: Date of Graduation _____ Did not Graduate

Program of Study that you wish to pursue at St Tikhon's Seminary: _____

Student's Signature _____ Date _____

REGISTRAR'S OFFICE:

Please mail the above-named student's transcript to:

**Office of Admissions ✕ St. Tikhon's Orthodox Theological Seminary ✕ PO Box 130 ✕ South
Canaan, PA 18549-0130**

**PLEASE NOTE THAT WE ARE UNABLE TO ACCEPT TRANSCRIPTS HAND-DELIVERED
BY STUDENTS. Thank you.**