



St. Tikhon's Orthodox Theological Seminary  
P.O. Box 130, South Canaan, PA, 18459 • 570-561-1818 • [applicants@stots.edu](mailto:applicants@stots.edu)

**Request for College Transcript Form  
(Give to your college.)**

**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.**

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) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of college, university, or seminary \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years Attended: From \_\_\_\_\_ To \_\_\_\_\_

Please mark:

Expect to Graduate (Date) \_\_\_\_\_ Did Graduate (Date) \_\_\_\_\_ Did not Graduate \_\_\_\_\_

Program of Study that you wish to pursue at St Tikhon's Seminary \_\_\_\_\_

**Signature of Applicant**

**Date**

**REGISTRAR'S OFFICE:** Please mail the above-named student's transcript to:  
[applicants@stots.edu](mailto:applicants@stots.edu) or Office of Admissions, St. Tikhon's Orthodox Theological Seminary, P.O.  
Box 130, South Canaan, PA 18459-0130  
**PLEASE NOTE THAT WE ARE UNABLE TO ACCEPT TRANSCRIPTS HAND-DELIVERED  
BY STUDENTS. Thank you.**