



Cummins Memorial Theological Seminary

705 South Main Street / Summerville, South Carolina 29483

Phone: (843) 873-3451 | Fax: (843) 875-6200

"Enter to Learn; Live to Serve"

Confidential Transcript Request

TO THE STUDENT: Please ask the Registrar to complete this form and send it, along with an official transcript, to the Admissions Office of Cummins Memorial Theological Seminary at the address shown above. If you have attended more than one college or university, undergraduate or graduate, you should photocopy this form and send it to all institutions you have attended.

Name _____
Last First Middle

Address _____

City _____ State _____ ZIP _____

I was a registered student at _____
College/University

From _____ to _____
Month/Year Month/Year

_____ Received _____ Will receive a _____ on _____
Type of Degree Date

TO THE REGISTRAR

Please send this completed form, along with an official transcript, to the Admissions Office of **Cummins Memorial Theological Seminary** at the address shown above.

1. Student's Cumulative Grade Point Average: _____
2. Student's Cumulative Rank in Class: _____ out of _____
3. Please explain Grading System (A = 4 pts.; B = 3 pts.; C = 2 pts.; etc.): _____

4. Academic Calendar (Semester, Quarter, 4-1-4, 3-3, etc.): _____

Registrar's Signature

Date