College Of Theological & Interdisciplinary Studies

OFFICE OF THE REGISTRAR

APPLICATION FOR TRANSCRIPT OF RECORD

Name of Applicant:					
	Surname	First Na	ame	Middle Name	
Admission Year:	ssion Year:		Year		
Programme of Study	:				
		Other:			
Method of Delivery:		[] Mail	[]Email		
Deliver To (Name an	d address of person o	or Institution):			
Do you require a per	sonal copy?F	EES			
Personal Copy Will Collect		1000	_	llow ten working days for transcript preparation.	
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To mail overseas		1700			
To mail locally	\$	1500]		
To Email	\$	1000			
Signature of Applica		EOR OFFICIAL US			
	ne of study? [] Yes with school? [] Yes				
Amount Paid for Tra	nscript: \$				
Comments:					