

Bethlehem Christian University

TRANSCRIPT REQUEST FORM

COLLEGE OR UNIVERSITY ATTENDED				PLEASE SEND SEALED TRANSCRIPT TO:			
Name of institution				BETHLEHEM CHRISTIAN UNIVERSITY			
Address				371 LAKESIDE DRIVE			
City	State	Zip Code		CULPEPER	VIRGINIA	22701	
<p>TO COLLEGE REGISTRAR: PLEASE SEND A SEALED TRANSCRIPT FOR THE STUDENT LISTED BELOW TO BETHLEHEM CHRISTIAN UNIVERSITY AT THE ADDRESS LISTED ABOVE. THANK YOU.</p>							
STUDENT INFORMATION							
Last Name		First Name		MI		Maiden/Other Name if applicable	
Social Security Number		Date of Birth (MM/DD/YYYY)		Years Attended (FROM—TO)			
CURRENT ADDRESS:		CITY	STATE	ZIP	PHONE #	ALT. PHONE #	
STUDENT SIGNATURE:				DATE:			
<p>IMPORTANT APPLICANT INFORMATION: NO COLLEGE CREDIT CAN BE AWARDED FOR COURSES YOU ATTEND AT BETHLEHEM CHRISTIAN UNIVERSITY WITHOUT PROOF OF PREVIOUS COLLEGE ATTENDANCE, HIGH SCHOOL DIPLOMA, OR G.E.D. CERTIFICATE.</p> <p>PLEASE SEND A COPY OF THIS FORM TO EACH COLLEGE THAT YOU HAVE ATTENDED & WOULD LIKE CONSIDERATION FOR TRANSFER OF CREDITS. YOUR SEALED TRANSCRIPT MUST BE MAILED DIRECTLY TO BETHLEHEM CHRISTIAN UNIVERSITY AT THE ADDRESS LISTED ABOVE. MOST COLLEGES CHARGE A FEE FOR TRANSCRIPT RELEASE. THE REQUIRED FEE SHOULD ACCOMPANY THIS REQUEST TO THE APPLICABLE COLLEGE. YOUR TRANSCRIPTS MUST BE RECEIVED BY BCU WITHIN 45 DAYS OF YOUR APPLICATION FOR ENROLLMENT AT BCU.</p> <p>IF YOU HAVE NOT ATTENDED COLLEGE & DO NOT HAVE A COPY OF YOUR HIGH SCHOOL DIPLOMA, A COPY OF THIS FORM MAY BE USED TO OBTAIN A COPY FROM THE HIGH SCHOOL FROM WHICH YOU GRADUATED.</p>							