

**Applicant:** Please complete this form and send it to the college, university, or learning institution from which you have earned a degree, or attended and completed classes for credit. **Note: Most institutions require a transcript fee. Please contact each school/college and enclose payment when you mail this form to them. All transcripts MUST be forwarded on to the admissions office unopened.**

Date of Request: \_\_\_\_\_

**Transcript requested from:**

Registrar, Name of Institution: \_\_\_\_\_

**Transcript requested by:**

Name (at time of attendance): \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to:  
**Columbia International University | Graduate Admissions**  
7435 Monticello Road | Columbia, SC 29203  
(803) 807-5024 | (800) 777-2227 | (803) 223-2500 Fax  
yesciu@ciu.edu | www.ciu.edu