Office of the Registrar

Gordon College
419 College Drive
Barnesville, GA 30204
678-359-5022
Fax: 770-358-5382

NO. OF COPIES _____ DATE: _____

NAME: _____ GORDON COLLEGE I.D. # _____

YOUR ADDRESS: _____

_____

_____

NAME UNDER WHICH YOU LAST ATTENDED IF DIFFERENT FROM CURRENT NAME: _____

_____

DATE OF LAST ATTENDANCE IF NOT CURRENTLY ENROLLED AT GORDON: _____

NAME & ADDRESS OF THE PERSON OR INSTITUTION YOU WISH TO RECEIVE TRANSCRIPT:

_____

_____

_____

TRANSCRIPT TO BE: ( ) MAILED ---------- ( ) NOW ( ) END OF SEMESTER

( ) TO BE PICKED UP ON: _____

*****REQUEST TO BE MADE AT LEAST ONE WEEK IN ADVANCE*****

STUDENT'S SIGNATURE_____

ARE YOU A GORDON COLLEGE GRADUATE? _____YES _____NO

IF NO, WILL YOU BE GRADUATING FROM GORDON COLLEGE BEFORE YOUR TRANFERS TO ANOTHER INSTITUITON? _____YES _____NO

IF NO, WHY? _____

_____

_____