Office of the Registrar

4500 Massachusetts Avenue, NW  Washington, DC 20016

PHONE: 202-885-8650 FAX: 202-379-7051

EMAIL registrar@wesleyseminary.edu

T R A N S C R I P T R E Q U E S T

**Instructions:** Complete **one form per transcript** and submit to the Office of the Registrar. Transcript requests must be received by Monday at 9:00 AM to be sent out that week. Processing may take longer over holidays. Failure to provide complete information and signature may result in a processing delay.

**Transcripts cost $10/transcript.** Payment must be received before processing (see box below). Transcripts will only be issued for those who are in good standing with the Business Office. You must clear any financial holds for transcripts to be processed.

Official transcripts are enclosed in signed, sealed envelopes. In keeping with the Family Education Rights and Privacy Act of 1974, transcripts are issued only upon written signed request or authorization of the student. For identification purposes, the student’s social security number is printed on the transcript.

**Course of Study students** should contact the Course of Study Office (ssheppard@wesleyseminary.edu) with all transcript inquiries

|  |  |
| --- | --- |
| Full Name At Time ofAttendanceStreet AddressCity, State, ZipPhone NumberEmail Address(Required) |  |
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| --- | --- |
| Send Transcript to:**Full Address****Required****(Please make sure address fits on four lines. Do not add extra lines.)**□ Check toPICK UPIN OFFICE |  |
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|  |
| Student Signature Date |

|  |  |
| --- | --- |
| Date of Request |   |
| Wesley ID or SSN |   |
| Dates of Enrollment |   |
| Degree Program |   |

Check for **RUSH** request

□

**(additional $5.00 fee)**

Check to Hold for Pending Grades □

Semester:

Method of payment:

□ Cash □ Check □ Money Order

□ Visa □ MasterCard

Account Number:

Expiration Date (month / year): /\_

3-digit security code: