



# WESLEY

THEOLOGICAL SEMINARY

Office of the Registrar  
 4500 Massachusetts Avenue, NW • Washington, DC  
 20016 PHONE: 202-885-8650 FAX: 202-379-7051  
 EMAIL registrar@wesleyseminary.edu

## TRANSCRIPT REQUEST

**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](mailto:ssheppard@wesleyseminary.edu)) with all transcript inquiries

Full Name At Time of Attendance _____
Street Address _____
City, State, Zip _____
Phone Number _____
Email Address (Required) _____

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

Wesley ID or SSN \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_

\_\_\_\_\_

Degree Program \_\_\_\_\_

Send Transcript to: _____	
<b>Full Address Required</b>	
<b>(Please make sure address fits on four lines. Do not add extra lines.)</b>	
_____	
_____	
<input type="checkbox"/> Check to PICK UP IN OFFICE	
Student Signature _____	Date _____

Check for **RUSH** request (additional \$5.00 fee)

Check to Hold for Pending Grades

Semester: \_\_\_\_\_

<b>Method of payment :</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Account Number: _____ Expiration Date (month / year): ____/____ 3-digit security code: _____
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