



**Reformed  
Episcopal  
Seminary**

826 Second Avenue  
Blue Bell, PA 19422  
Telephone: 610-292-9852  
Facsimile: 610-292-9853

**CONFIDENTIAL  
TRANSCRIPT  
REQUEST**

**TO THE STUDENT:**  
Please ask the Registrar to complete this form and send it, along with an official transcript, to the Admissions Office of Reformed Episcopal Seminary at the address shown. If you have attended more than one college or university, undergraduate or graduate, you should photocopy this form and send it to all institutions you have attended.

Name: \_\_\_\_\_  
Last First Middle

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

City/State/Zip: \_\_\_\_\_

I was a registered student at: \_\_\_\_\_  
College/University

From: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

I  Received a  Will Receive a \_\_\_\_\_ on \_\_\_\_\_  
TYPE OF DEGREE DATE

**TO THE REGISTRAR:**

Please send this completed form, along with an official transcript, to the Admissions Office of Reformed Episcopal Seminary at the address shown above.

1. Student's Cumulative Grade Point Average \_\_\_\_\_.
2. Student's Cumulative Rank in Class \_\_\_\_\_ out of \_\_\_\_\_.
3. Please explain Grading System (A = 4, B = 3, C = 2, etc.) \_\_\_\_\_  
\_\_\_\_\_
4. Academic Calendar (Semester/Quarter, 4-1-4, 3-3, etc.) \_\_\_\_\_  
\_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_