



Transcript Request Form

To the applicant:

Please complete this form and forward it to all colleges or universities attended to have an official copy of your transcript(s) forwarded to Winthrop University.

Social Security Number or WU ID number Date of Birth

Name – Last First Middle

Name on previous academic records, if different

Current mailing address – Street/ P.O. Box City State ZIP

College or University Name Dates of Enrollment Degree Awarded and Year

I hereby authorize the release of transcripts of my academic record to the Graduate School, Winthrop University.

Signature Date

To the Institution:

The above-name person is applying to The Graduate School at Winthrop University. In support of this application, the applicant request an official copy of his/her transcript to be sent to: The Graduate School, Winthrop University, 211 Tillman, Rock Hill, SC 29733. **Please return this form with the official transcript.**

Please explain grade point system, if explanation is not provided on the transcript (for example A= 4.0, B=3.0, etc.)

