Application for Admission

REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT



☐ Fill out one form for ea					iil attachment (gpsadm@eastern.edu	
	F		nformation int clearly			
NameLast		First			Middle	
Current Address						
City	State	Z	ip		Country	
Primary Phone		☐ Home ☐ Cell	Email			
Social Security Number _			OR Student ID #	<i>‡</i>		
					:h	
School Name		Schoo	l Location	City	State	
Degree		Major_				
☐ Send now	Send now Send after grades are posted			☐ Send after degree is posted		
Based on the above info	rmation, please order my trans	cript to be se	nt directly to East	tern University		
Applicant's Signature						
Sign, date, and return to	one of the contacts below. Not	e: We must ha	ave your signatui	e.		
To the Registrar of the Sc	hool: Official transcript must in	clude seal, si	gnature, and date	·.		
Please send by mail to:	Eastern University Graduate and Professional Studies Admissions 1300 Eagle Road St. Davids, PA 19087-3696					
Or an electronic copy to:	gpsadm@eastern.edu					