

Photocopy if necessary to send to additional schools

TO BE COMPLETED BY THE APPLICANT (Please print.)

To: Registrar _____
Name of college or university

I authorize and request that one official transcript be sent to Palm Beach Atlantic University.

Signature of Applicant _____

_____ Date

Please send transcript: Immediately At the end of the semester

Please print the following: SS# _____

Name _____

Address _____

Dates of enrollment:

From _____ To _____
Mo/Yr Mo/Yr

Degree Conferred: (If applicable)

_____ / _____
Date

TO BE COMPLETED BY THE REGISTRAR

Please provide the information requested below and attach the applicant's transcript to this form.

- Applicant is currently enrolled.
- Applicant graduated _____.
- Other (please give details) _____.

Applicant's cumulative grade point average _____ after _____ semesters/quarters.

Applicant's cumulative rank in class _____. If not available, please check .

Please explain the grading system if not A=4, B=3, C=2, D=1, F=0/or if no explanation is available on the transcript.

Signature of School _____ Date _____

Send official transcript to:

Palm Beach Atlantic University
Evening, Graduate and Professional Admission
P.O. Box 24708, West Palm Beach, FL 33416-4708
888-468-6722 • 561-803-2100 • Fax 561-803-2115